

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

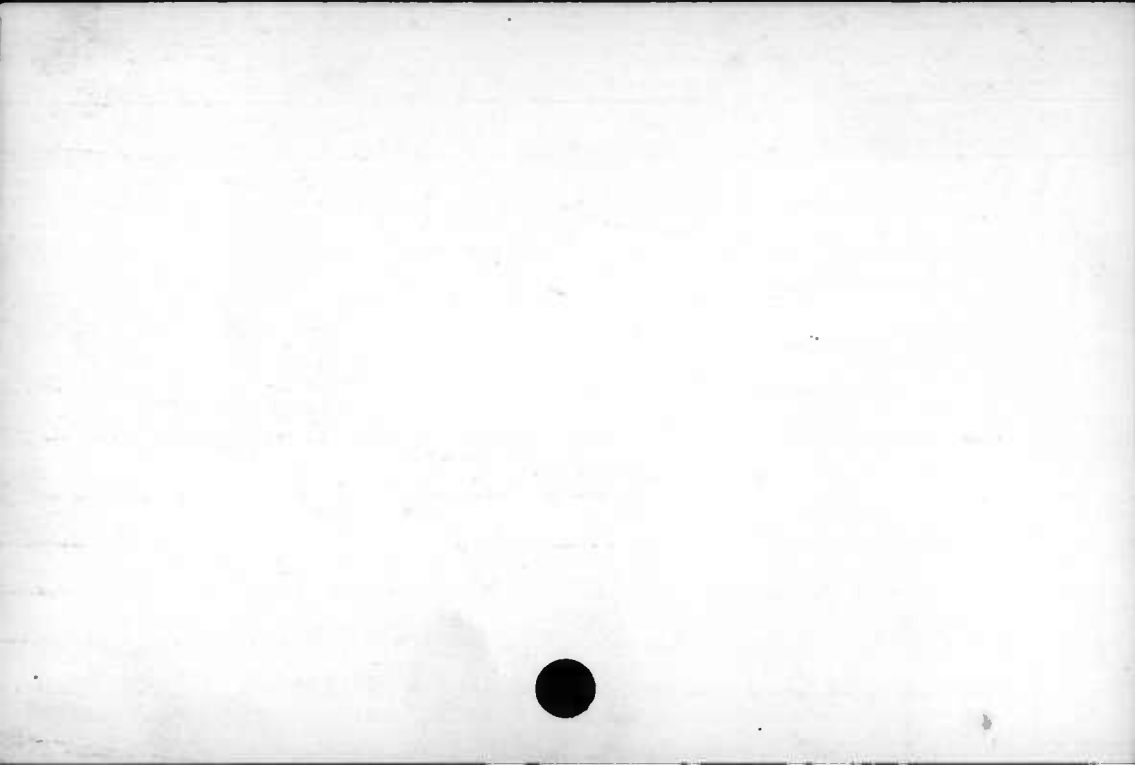
Died at <i>Milton</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>March</i>	Day	<i>13</i>
Age		Years		Months	<i>11</i>
Sex <i>Male</i>		Color or Race <i>Col</i>		Birth-place	<i>Dor. Co. Md.</i>
Occupation <i>Infant</i>		Where Residing if not at place of death			
Married, Single or Widowed	<i>Infant</i>	Name of Wife or Husband <i>Infant</i>			
Father's Name	<i>Jacob Bailey</i>		Father's Birthplace	<i>Dor. Co. Md.</i>	
Mother's Maiden Name	<i>Melinda J. Camper</i>		Mother's Birthplace	<i>Dor. Co. Md.</i>	
Name of person giving information	<i>Melinda J. Camper</i>		How related to deceased	<i>Mother</i>	

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	<i>Pertussis</i>	How long	<i>Five weeks</i>
Immediate	<i>Cerebral Hemorrhage</i>	How long	<i>six hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Victor C. Carroll</i>	
		Address	
		<i>Cambridge, Md.</i>	
Accident or Suicide?			



Name
in
Full

Carena Bagly

CERTIFICATE OF DEATH

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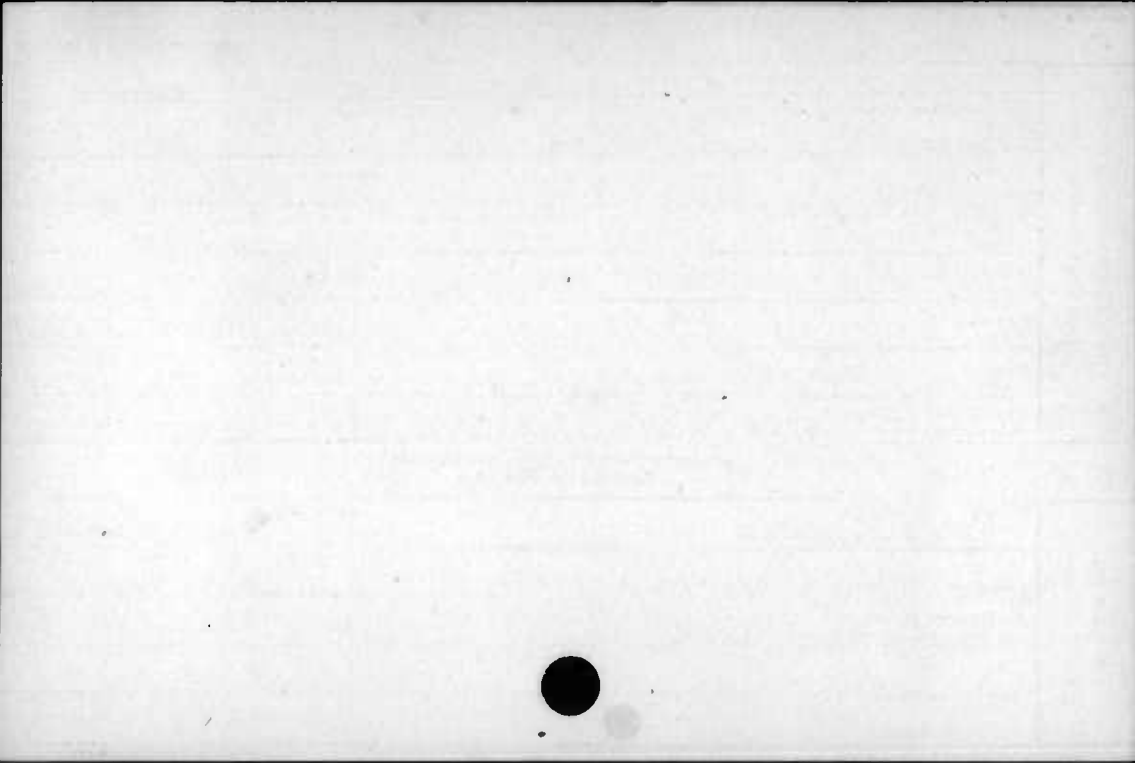
Died at <i>Cambridge</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Mar</i>	Day <i>11th</i>	Years <i>80</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Dont Know</i>		
Occupation <i>nothing</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>William Bagly</i>			
Father's Name <i>Dont Know</i>			Father's Birthplace <i>Dont Know</i>		
Mother's Maiden Name <i>Dont Know</i>			Mother's Birthplace <i>Dont Know</i>		
Name of person giving information <i>Henry Hays</i>			How related to deceased <i>neighbor Not at all</i>		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paralytic Stroke</i>	How long	<i>Dont Know</i>
Immediate	<i>" "</i>	How long	<i>Several months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Nurse</i>	
Accident or Suicide?		Address <i>6000 Buivare</i> <i>Justice of the Peace</i>	



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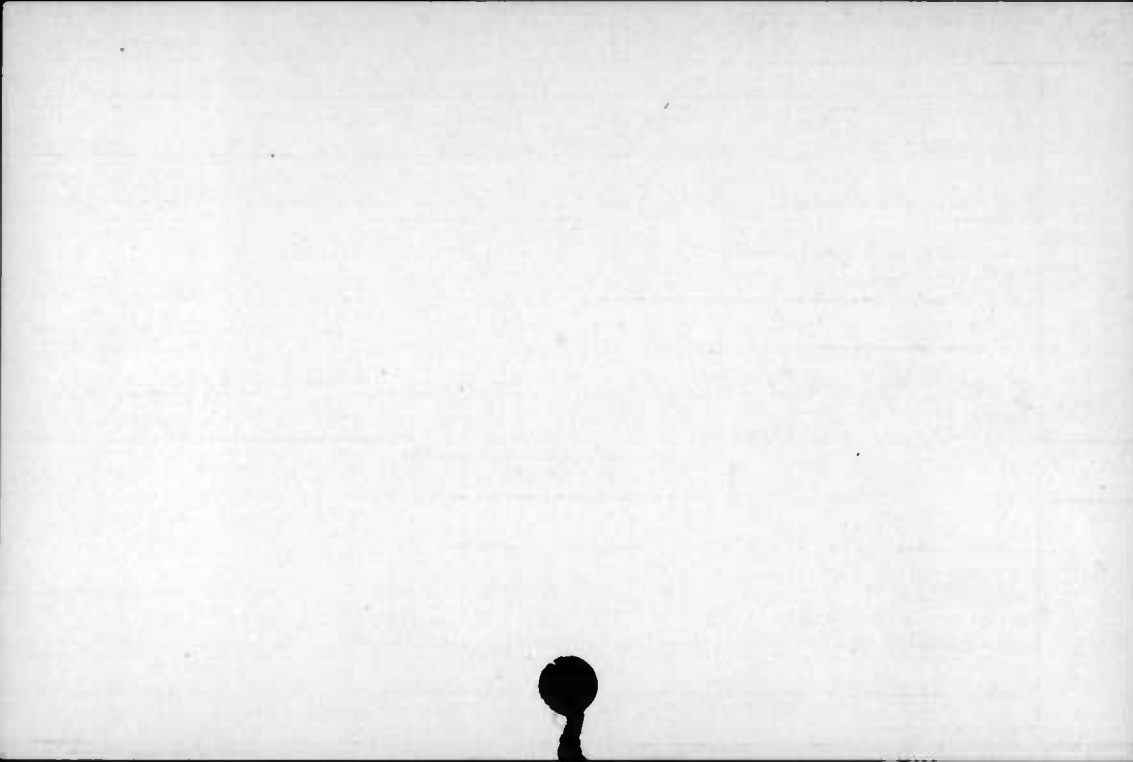
Name in Full Elizabeth L. Bradley		Town Cambridge		County Dorchester		MARYLAND	
Died at		Date of death		Age		Months	
		1908 March 12		76		—	
Sex Female		Color or Race white		Birth-place Wicomico Co			
Occupation None				Where Residing if not at place of death			
Married, Single or Widowed widow		Name of Wife or Husband Thomas J. Bradley					
Father's Name Dont Know		Father's Birthplace Dont Know					
Mother's Maiden Name Dont Know		Mother's Birthplace Dont Know					
Name of person giving information John P. Bradley		How related to deceased Son					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Dont Know	How long	years
Immediate	Stomach trouble	How long	two weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		None	
		Address	
		Clement Sullivan	
		Justice of the Peace	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

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Died at <i>East New Market</i>		Town <i>East New Market</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>March</i>	Day	<i>6</i>	Years	<i>64</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months	<i>2</i>
Occupation <i>House wife</i>		Where Residing if not at place of death <i>East New Market</i>		Age		<i>64</i>	Days <i>18</i>
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband		<i>Joseph King Bramble</i>			
Father's Name	<i>Samuel</i>	Father's Birthplace		<i>Maryland</i>			
Mother's Maiden Name	<i>Mary Francis Smart</i>	Mother's Birthplace		<i>Maryland</i>			
Name of person giving information	<i>George Otis Bramble</i>		How related to deceased		<i>Son.</i>		

CAUSES OF DEATH

120

How long

15 years.

How long

PHYSICIAN
OR CORONERPrimary *Bright's disease, fatty heart, old age.*Immediate *Cardiac asthma & choking on mucus.*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

*H. V. Harbaugh, M.D.,
East New Market,
Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Margaret A. Pomusfield-

Town

County

Died at

Cambridge

Dorchester

MARYLAND

Date

of death 1908

Month

3

Day

31

Age

Years

66

Months

-5-

Days

-8

Sex

female

Color or
Race

white

Birth-
place

Dorchester Co. Md.

Occupation

house wife

Where Residing if not
at place of death

-

Married, Single
or WidowedName of wife or
husband

George D. Pomusfield.

Father's
Name

Jas B Thompson -

Father's
Birthplace

Dorchester Co. Md.

Mother's
Maiden Name

Margaret A. Lord

Mother's
Birthplace

"

Name of person giving
information

A. H. Mitchell

How related
to deceased

son in law

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

6 months

Immediate

Asthma

How long

-

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

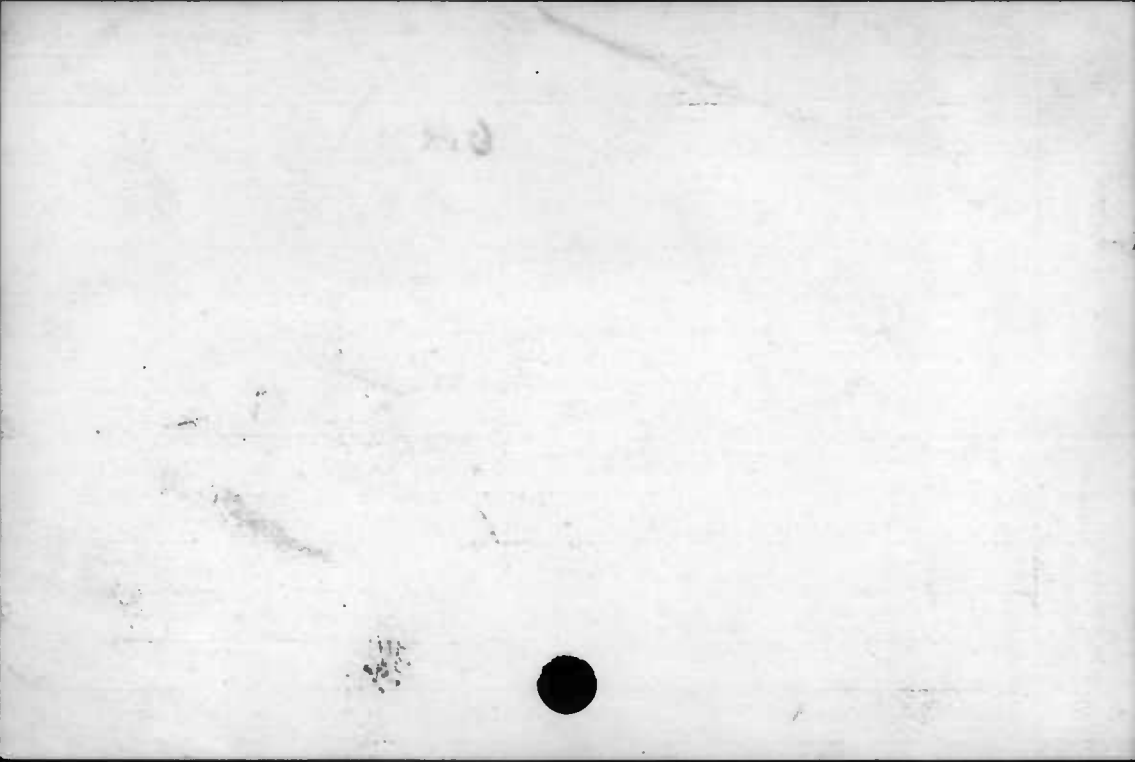
Martie W. Laddabough

Address



Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Pack Coleman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

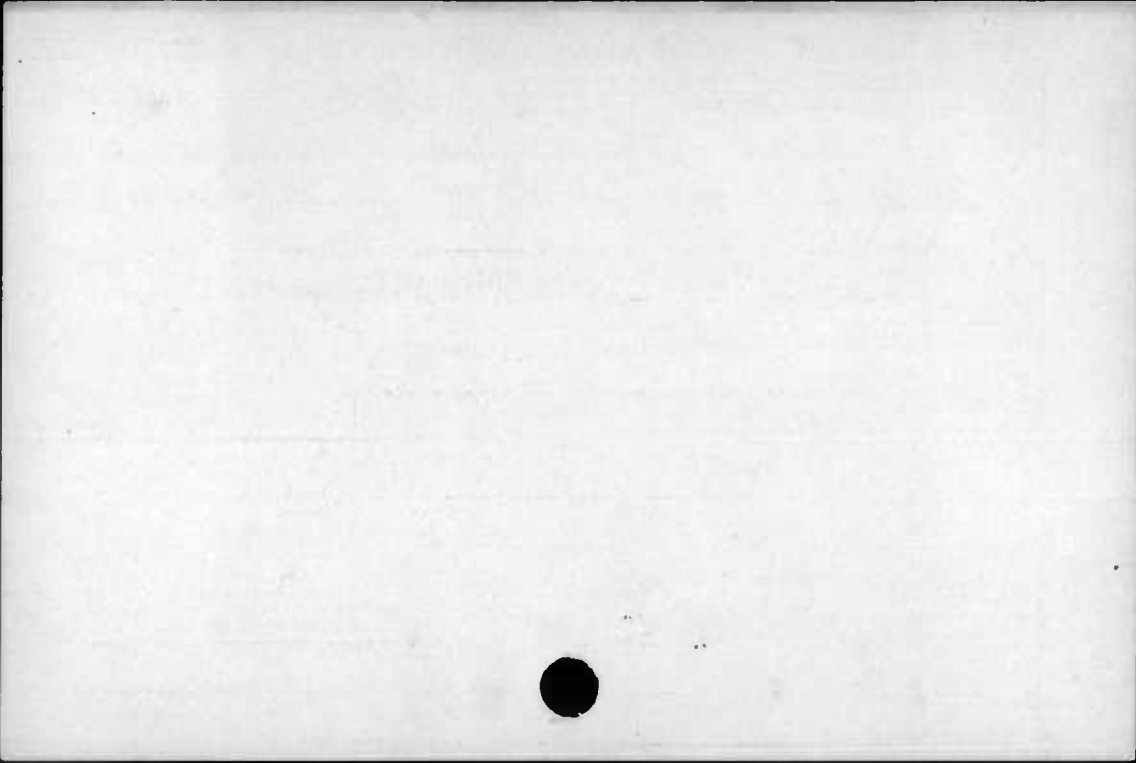
Died at <u>Proppon Hill</u> ^{Town} <u>Cambridge</u> ^{County} <u>Dorchester</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>March</u>	Day <u>30</u>	Years <u>63</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Dorchester Co</u>	Months <u> </u> Days <u> </u>
Occupation <u>Laborer</u>	Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Margaret Coleman</u>		
Father's Name <u>Ephraim Coleman</u>	Father's Birthplace <u>Dorchester Co</u>		
Mother's Maiden Name <u>Dont Know</u>	Mother's Birthplace <u>Dont Know</u>		
Name of person giving information <u>Wm Coleman</u>	How related to deceased <u>Son</u>		

CAUSES OF DEATH

(79)

PHYSICIAN
OR CORONER

Primary <u>Valvular Heart Disease - Aortic - Sclerosis</u>	How long <u>Dont Know.</u>
Immediate <u>Heart Failure</u>	How long <u>Very short.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. E. Waeff</u>
	Address <u>Cambridge, Md.</u>
Accident or Suicide? <u> </u>	



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

2

Name in Full <u>Margaret A Callison</u>		Town <u>Broadview</u>		County <u>Saratoga</u>		CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		March	1	Age 71	-	-	
Sex		Color or Race		Birthplace			
Female		White		Maryland			
Occupation		Where Residing if not at place of death					
House wife							
Married, Single or Widowed		Name of Wife or Husband					
Widowed		John Callison					
Father's Name		Father's Birthplace					
Tom Hawath		Maryland					
Mother's Maiden Name		Mother's Birthplace					
Unknown		Maryland					
Name of person giving information		How related to deceased					
Tom J Nichols		Friend					
CAUSES OF DEATH							
Primary		How long					
Senility							
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
		Address					
		A H Blau					
		vicuna md					
Accident or Suicide?							

154



Name
in
Full

Isabelle Cook

CERTIFICATE OF DEATH

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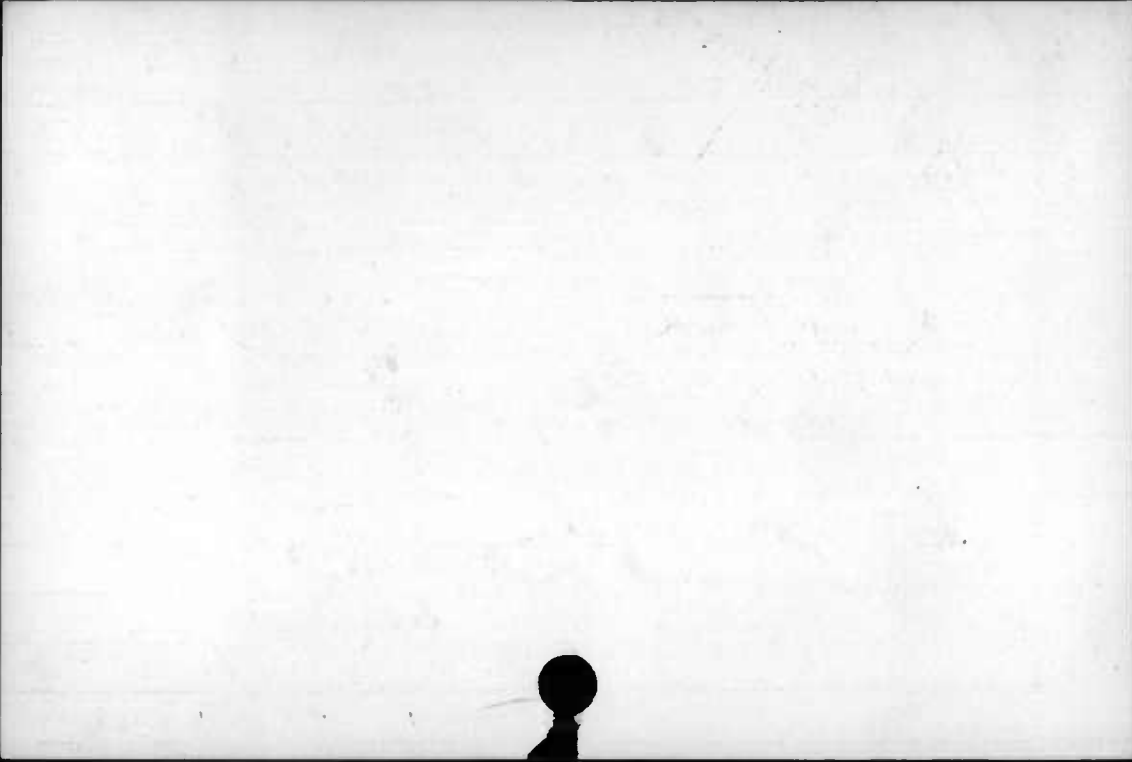
Died at <u>Cambridge</u> ^{Town}		<u>Orchester</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>3</u> ^{Month}	<u>27</u> ^{Day}	Age <u>—</u> ^{Years}	<u>6</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Cambridge</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Jos. H. Cook</u>	Father's Birthplace <u>Balto.</u>				
Mother's Maiden Name <u>Ida Wilson</u>	Mother's Birthplace <u>Hammerbrook</u>				
Name of person giving information <u>Ida Cook</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>Nothing diarrhoea</u>	How long <u>—</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Guy Stuck</u>
	Address <u>Cambridge Md</u>
Accident or Suicide? <u>never saw or heard until after death</u>	



Name

in
Full

CERTIFICATE OF DEATH

Mary E Carson

Town

County

MARYLAND

Died at

Brookview

Date

of death 1908

Month

3

Day

13

Age

Years

57

Months

9

Days

23

Sex

female

Color or
Race

white

Birth-
place

Dor Co

Married, Single
or Widowed

Widow

Occupation

un none

Name of Wife or
Husband

John O Carson

Father's
Name

Leas Rhodes

Father's
Birthplace

Dorchester Co Md

Mother's
Maiden Name

Mary Thomas

Mother's
Birthplace

Dor Co

Name of person giving
information

J J Frampton

How related
to deceased

natural

CAUSES OF DEATH

10

Primary

Tuberculosis

How long

4 weeks

Immediate

Pneumonia with media

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

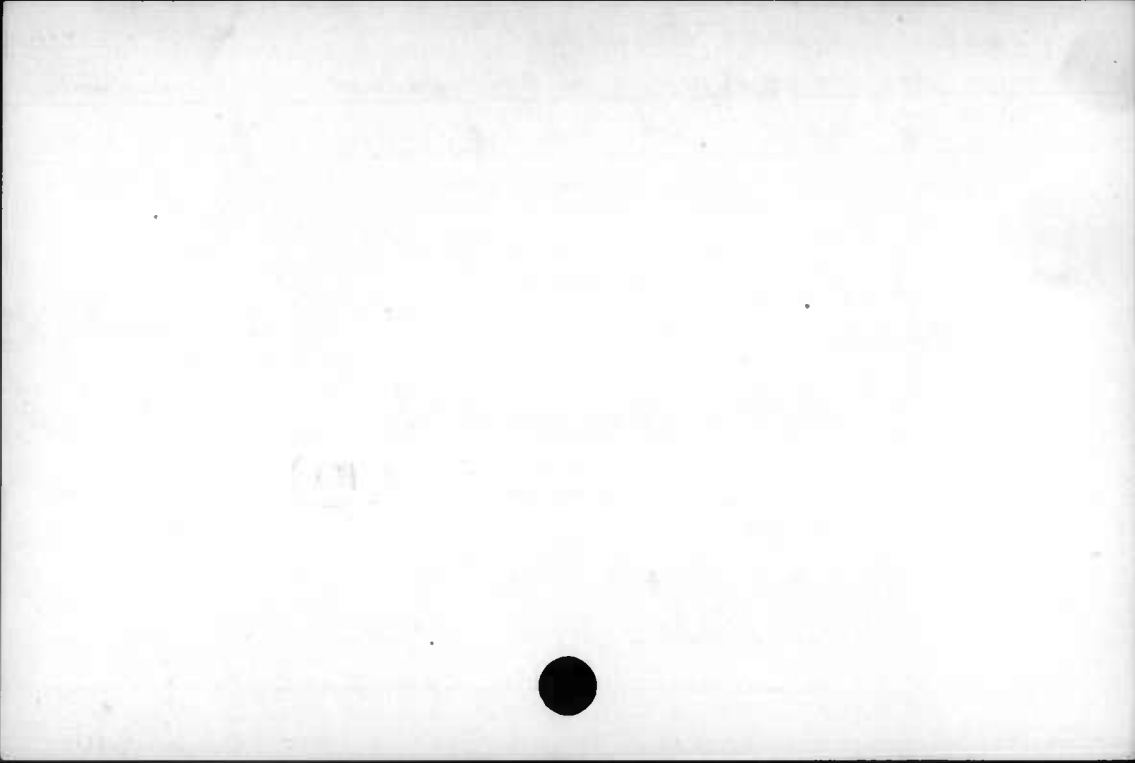
Address

G Rogers Myers
Shedden

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Percy Edward Duceau

CERTIFICATE OF DEATH

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NEAREST FRIEND

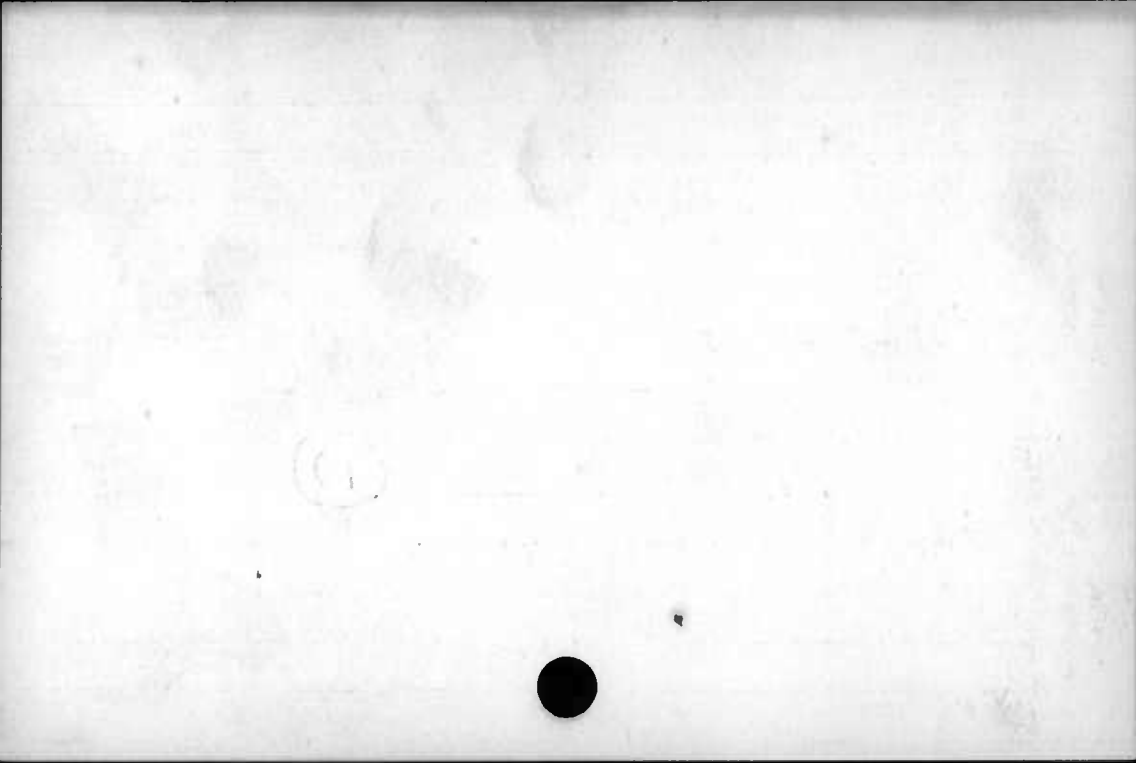
Died at		Town Hurlock		County Dorchester		MARYLAND	
Date of death 1908	Month Mar	Day 28	Age 1	Months 9	Days 29		
Sex Male		Color or Race African		Birth- place Hurlock			
Married, Single or Widowed		Occupation none					
Name of Wife or Husband none							
Father's Name Edward Duceau				Father's Birthplace Dorchester Co Md			
Mother's Maiden Name Emma V Hudson				Mother's Birthplace Dorchester Co			
Name of person giving In formation Edward G Duceau				How related to deceased Father			

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	Rickets	How long	since birth
Immediate	Bronchitis & Grippe	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. G. Fleming	
Address		Hurlock Md.	
Accident or Suicide?			



Name
in
Full

Maud Elliott-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

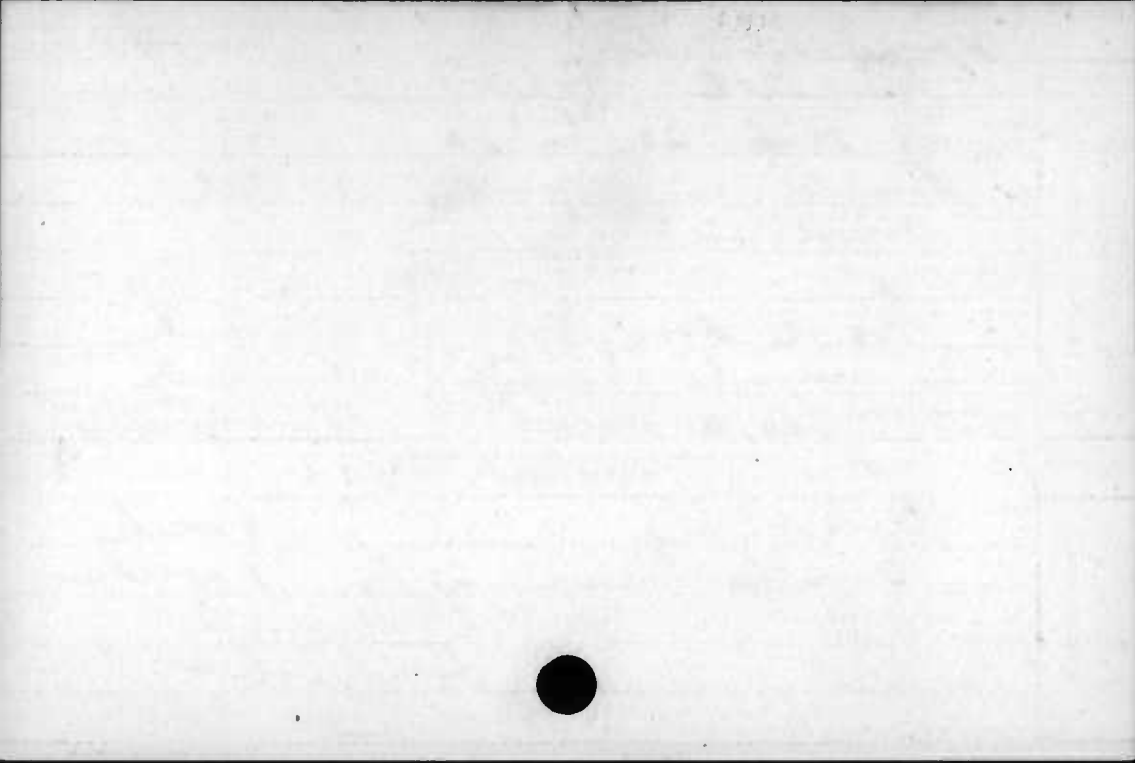
Died at ^{Town} Cambridge		^{County} Dorchester		City Cambridge		State MARYLAND	
Date of death 1908		^{Month} March ^{Day} 17		^{Years} Age 24		^{Months} ^{Days}	
Sex Female		Color or Race Black		Birth-place Cambridge			
Occupation House Keeper		Where Residing if not at place of death Cambridge					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Page Elliott-		Father's Birthplace Bucktown					
Mother's Maiden Name Sarah Jackson		Mother's Birthplace Bucktown					
Name of person giving information Page Elliott		How related to deceased Mother					

CAUSES OF DEATH

129

PHYSICIAN
OR CORONER

Primary Pelvic Abscess & Fibroid of Uterus		How long Some months	
Immediate Obstruction of Bowels		How long Some days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. G. L. Brown	
		Address Cambridge, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Joseph S. Holliday

Town *Hurlock* County *Harchester* MARYLAND

Died at *Hurlock*

Date of death *1908 March 11th* Age *32* Months *—* Days *—*

Sex *Male* Color or Race *Colored* Birth-place *Md*

Occupation *Laborer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Susie E Boyce*

Father's Name *Wesley Holliday* Father's Birthplace *Md*

Mother's Maiden Name *Leath Pinkette* Mother's Birthplace *Md*

Name of person giving information *Samuel Boyce* How related to deceased *Father in law*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

10

Primary

Diphtheria

How long

5 days

Immediate

Pneumonia

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

yes

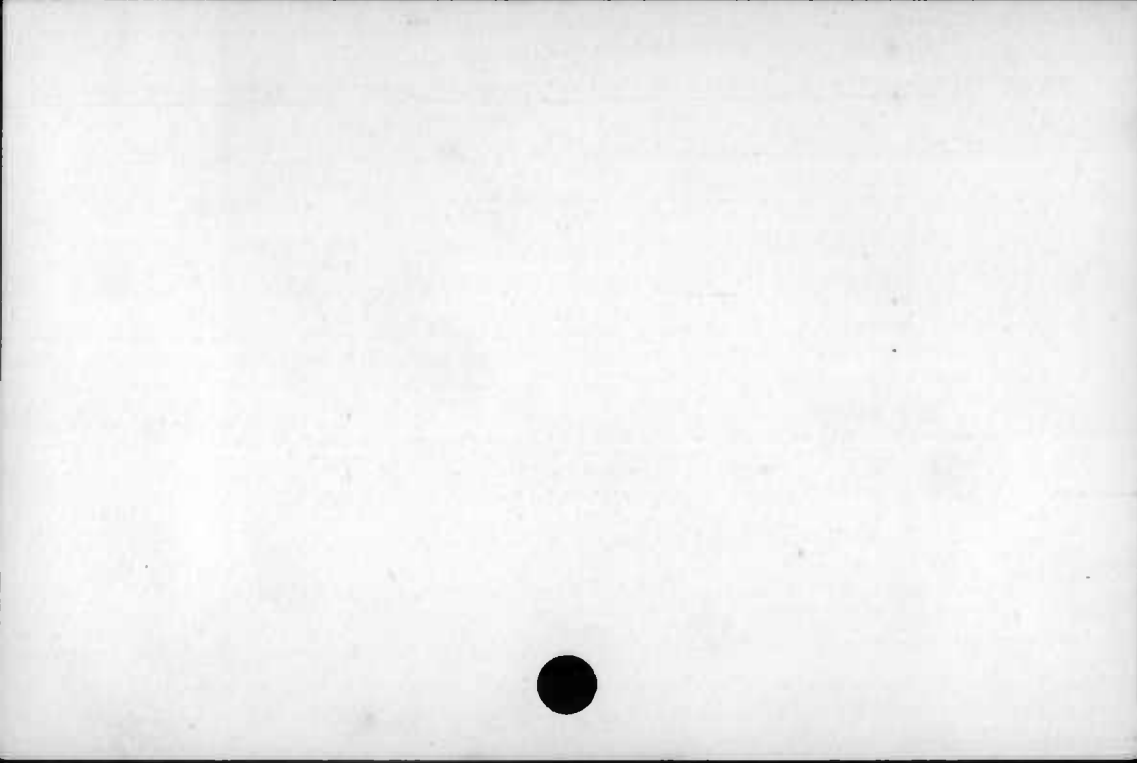
Signature of Physician

W. E. Maguire

Address

Hurlock Md

Accident or Suicide?



Name
in
Full

Dorcas Holliday

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Hurdol 12

Horchester

Date

1908

Month

March

Day

20

Years

10

Age

Months

Days

Sex

Female

Color or
Race

colored

Birth-
place

Md

Occupation

School Girl

Where Residing if not
at place of death

—

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Geo A Holliday

Father's
Birthplace

Md

Mother's
Maiden Name

Amanda Coleman

Mother's
Birthplace

Md

Name of person giving
Information

Geo. A Holliday

How related
to deceased

Father

CAUSES OF DEATH

10

Primary

Lobar Pneumonia

How long

1 week

Immediate

Bronchopneumonia

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

B. J. Maguire

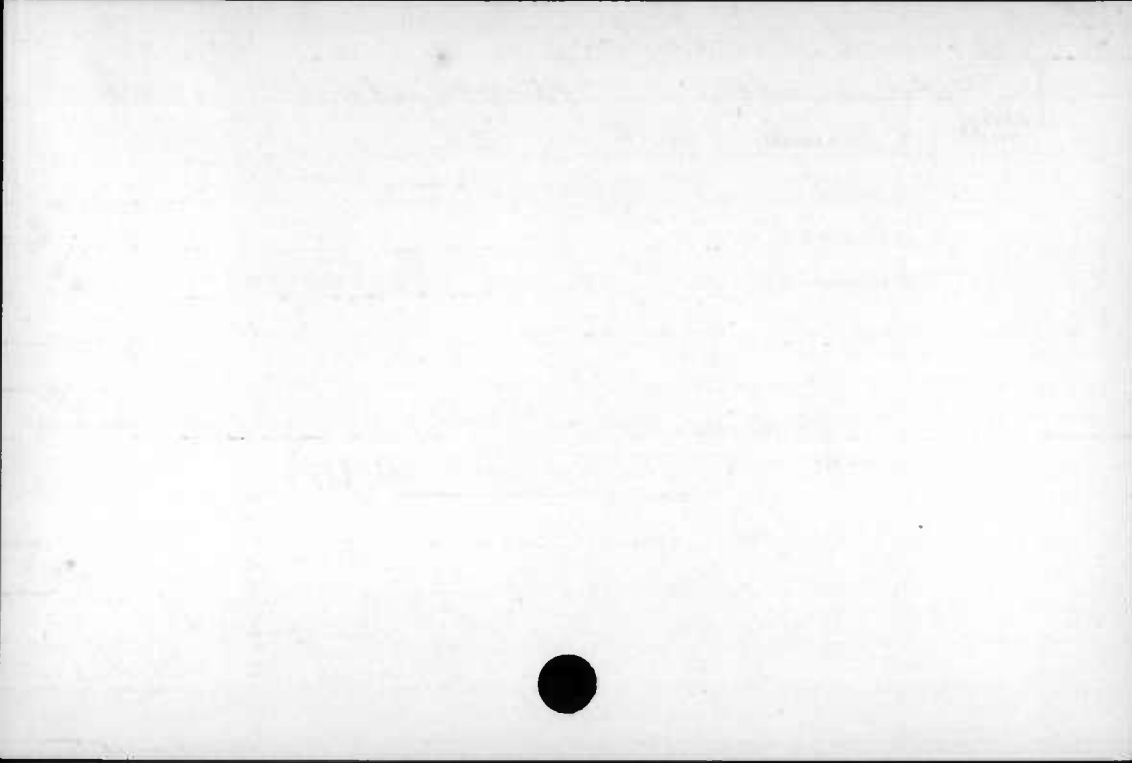
Address

Hurdol 12

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND		
Date of death		1908	Month Mar	Day 28	Age 19	Years	Months 7	Days
Sex Male		Color or Race Colored		Birth- place Dorchester Co				
Occupation Laborer		Where Residing if not at place of death		n				
Married, Single or Widowed Single		Name of Wife or Husband		n				
Father's Name Dennis Moore		Father's Birthplace Dorchester Co						
Mother's Maiden Name Millie J Hughes		Mother's Birthplace Dorchester Co						
Name of person giving In formation Ratie Hughes		How related to deceased Grandmother						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Suberculosis (General)	How long 18 months
Immediate	Anemia	How long n
Are the name, age, sex, color, date and place correctly given above?		Yes
Signature of Physician		Sexter P. Reynolds MD
Address		Cambridge Md
Accident or Suicide?		



Name
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Sarah E. Hughes

CERTIFICATE OF DEATH

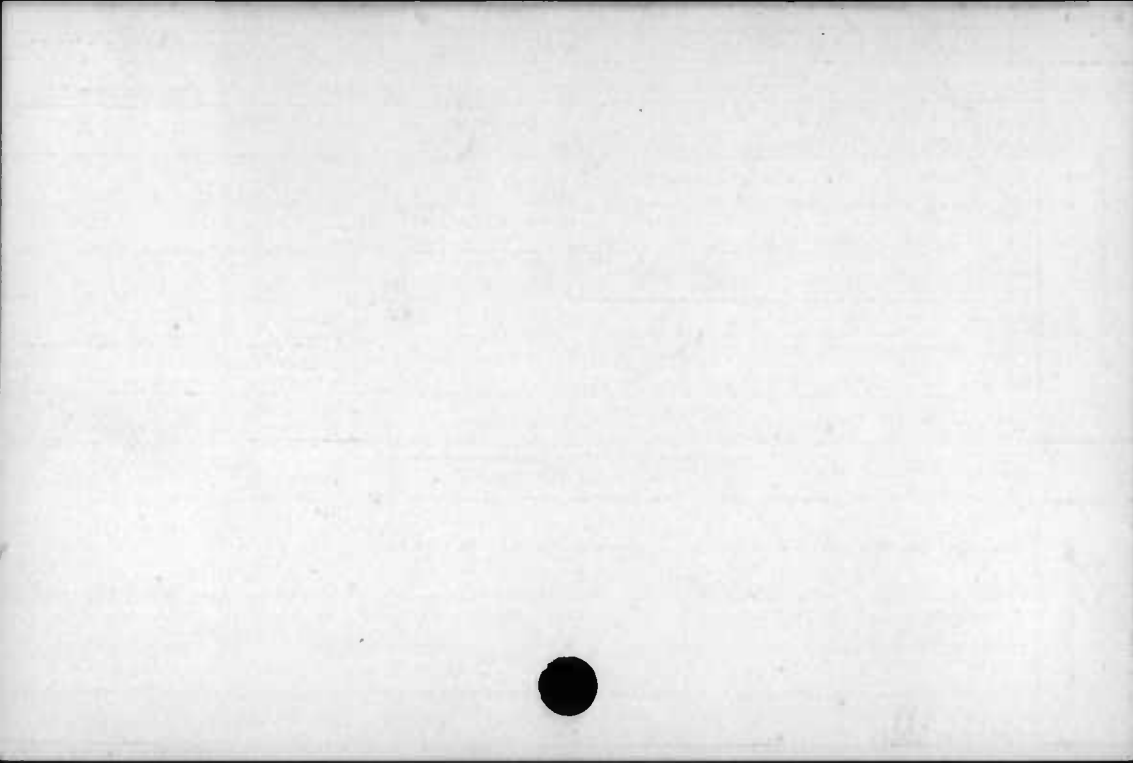
Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		1908	Month March	Day 1 st	Years 31	Months	Days
Sex Female		Color or Race Colored		Birth-place Church Creek			
Occupation Housewife				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband William J. Hughes					
Father's Name Makkehai Cornish		Father's Birthplace Don't Know					
Mother's Maiden Name Annie Marine		Mother's Birthplace Madison					
Name of person giving information Wm J Hughes		How related to deceased Husband					

CAUSES OF DEATH

27

Primary	Tuberculosis	How long	Can't say -
Immediate	Exhaustion	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		E. E. Wolff	
		Address	
		Cambridge, Md	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

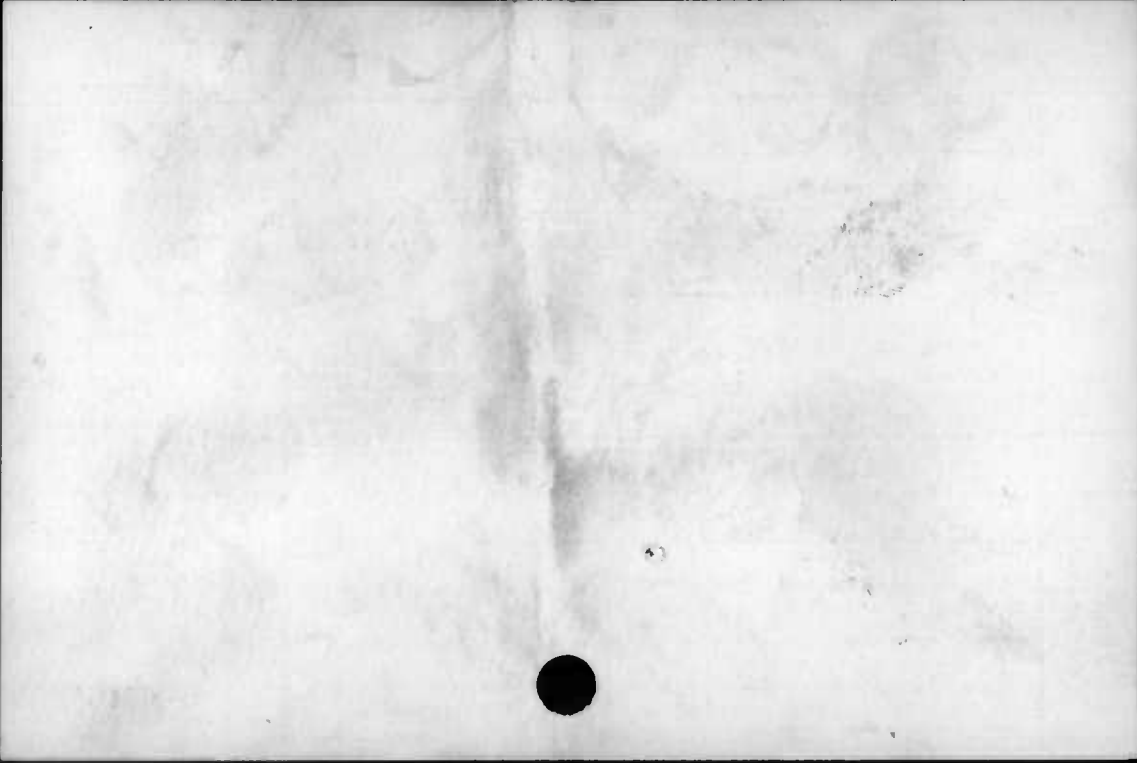
Died at *Wm. J. Jenkins* ^{Town} *Wye River Wharf* ^{County} *Dorchester*Date of death 1908 ^{Month} *March* ^{Day} *21* ^{Years} *6* ^{Months} *8* ^{Days} *4*Sex *Male* Color or Race *Caucasian* Birthplace *Dorchester Co*Occupation *Sergeant* Where Residing if not at place of death *Home*Married, Single or Widowed *Single* Name of Wife or Husband *None*Father's Name *Don't know* Father's Birthplace *Don't know*Mother's Maiden Name *Mrs. M. Jenkins* Mother's Birthplace *MD*Name of person giving information *Joe Jenkins* How related to deceased *Grandfather*

CAUSES OF DEATH

108

Primary *Intestinal Obstruction* How long *4 days*
Immediate *Peritonitis* How long *24 hours*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. Raymond Dawkins*
Address *1121st*

Accident or Suicide?



Name
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CERTIFICATE OF DEATH

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NEAREST FRIEND

Name *James Johnson* Town *Hurlock* County *Hurlock* MARYLAND

Died at *Hurlock*

Date of death *1908* Month *March* Day *11* Age *10* Years Months *2* Days

Sex *Male* Color or Race *colored* Birth-place *md*

Occupation *Infant* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Alexander Johnson* Father's Birthplace *md*

Mother's Maiden Name *Lizzie Jackson* Mother's Birthplace *md*

Name of person giving information *Alexander Johnson* How related to deceased *Father*

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary *Measles* How long *1 week*

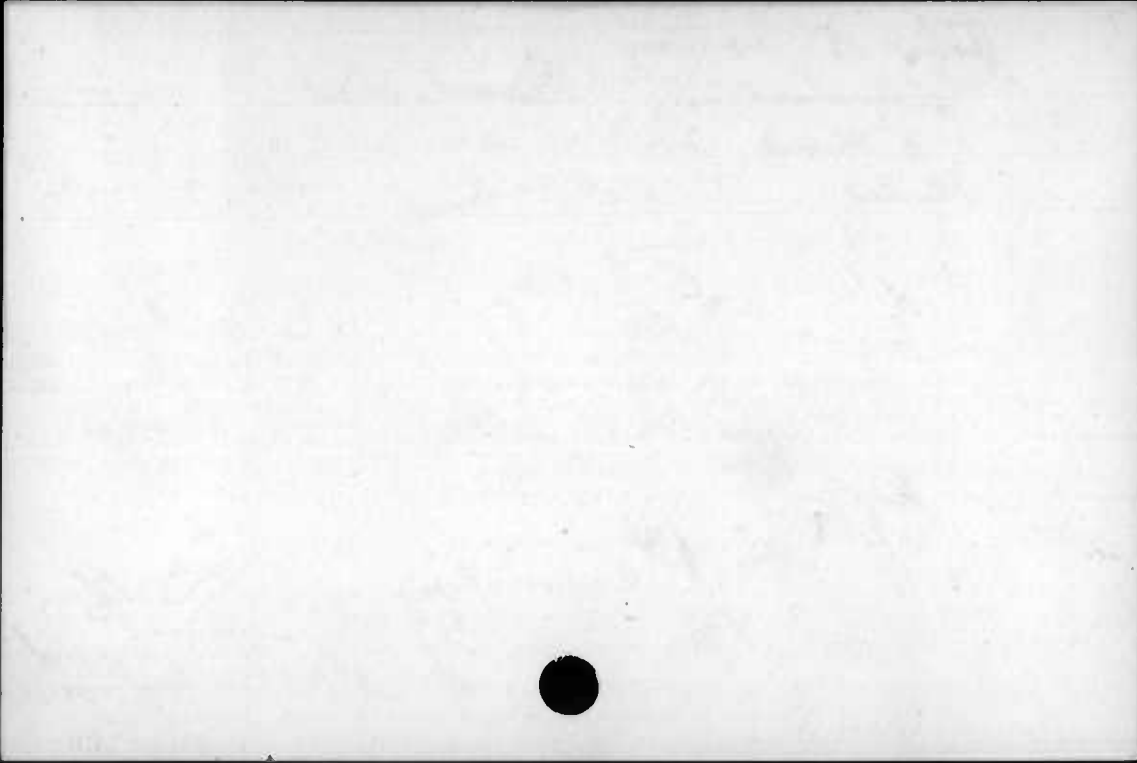
Immediate *Pneumonia* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *O. F. Maguire*

Address *Hurlock*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

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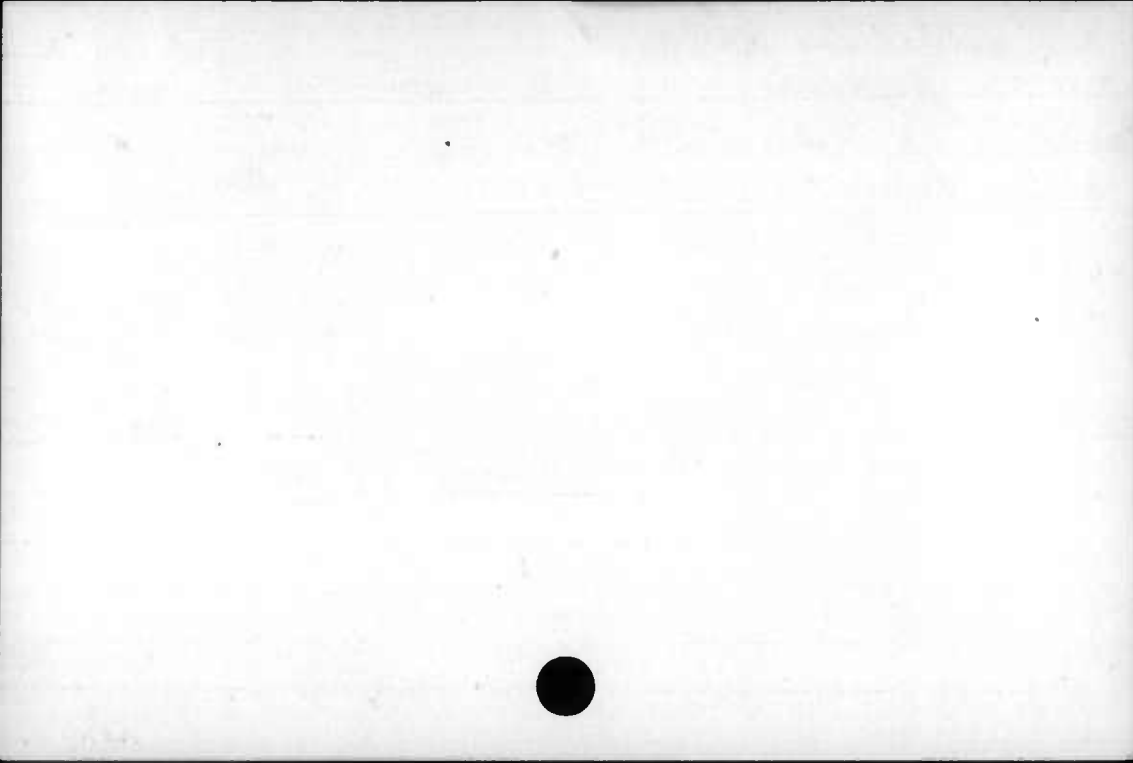
Died at <i>Burlock</i> ^{Town}		<i>Dorchester</i> ^{County}	
Date of death 190 <i>8</i> ^{Month}	<i>March</i> ^{Day}	<i>24th</i> ^{Years}	Age <i>29</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Maryland</i>	
Married, Single or Widowed <i>Married</i>	Occupation <i>Laborer</i>		
Name of Wife or Husband <i>Mary E. Jolley</i>			
Father's Name <i>James Jolley</i>		Father's Birthplace <i> Md</i>	
Mother's Maiden Name <i>Margaret Stimpson</i>		Mother's Birthplace <i> Md</i>	
Name of person giving information <i>Charles W. Jolley</i>		How related to deceased <i>Brother</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Phtisis Pulmonalis</i>	How long <i>12</i>
Immediate	How long <i>months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. J. Maguire</i>
	Address <i>Burlock Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Date

Month

Day

Age

Years

Months

Days

of death 1908

3

11

Age

1

1

6

Sex

Color or
RaceBirth-
placeMarried Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

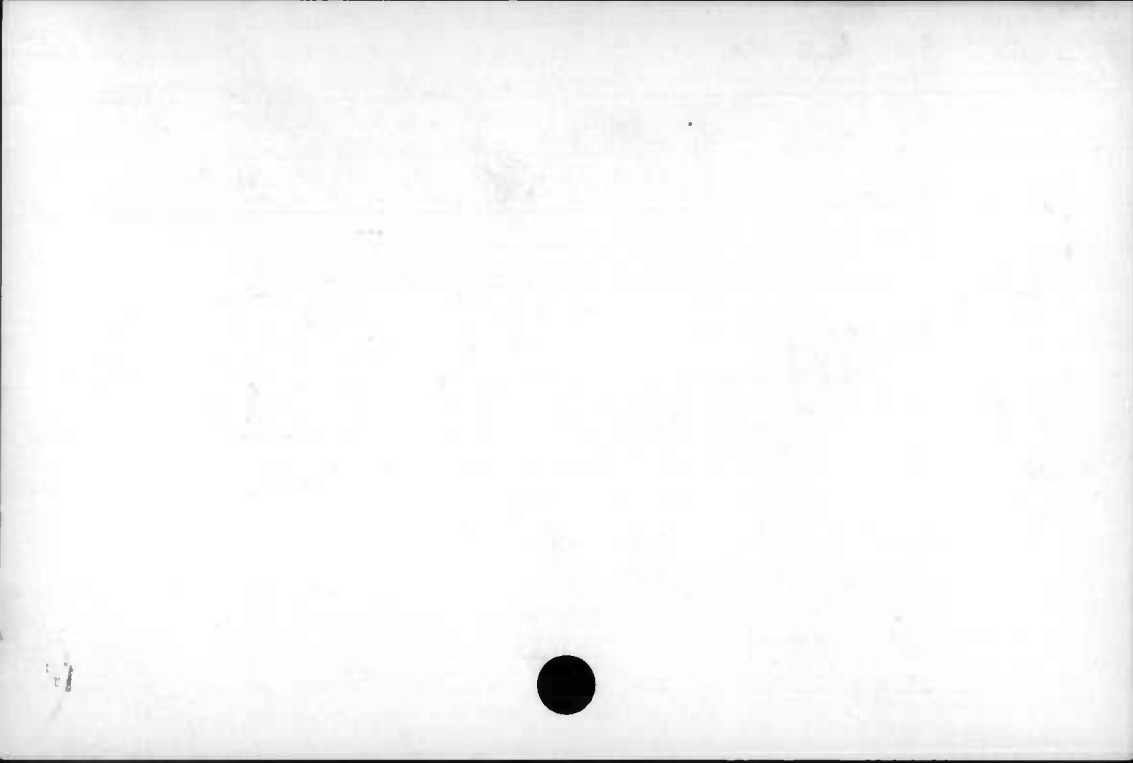
Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

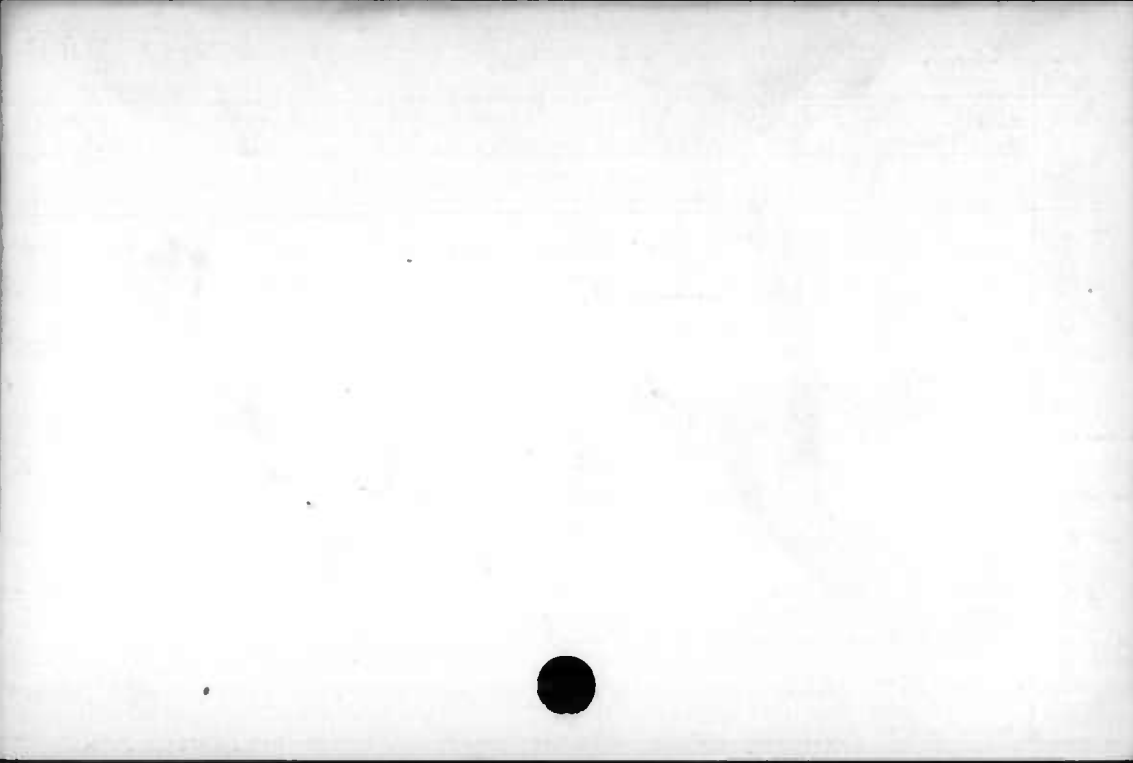
Died at <i>Cambridge</i>		Town		<i>Dorchester</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Mar.</i>	Day	<i>23</i>	Years	<i>61</i>	Months	<i>—</i>
Sex	<i>Male</i>		Color or Race	<i>BLK.</i>		Birth-place	<i>Ind.</i>		
Occupation	<i>Laborer</i>				Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>Emily Kane</i>				
Father's Name	<i>James Kane</i>					Father's Birthplace	<i>Ind.</i>		
Mother's Maiden Name	<i>Unknown</i>					Mother's Birthplace	<i>Unknown.</i>		
Name of person giving information	<i>Lewis Kane</i>					How related to deceased	<i>Son</i>		

CAUSES OF DEATH

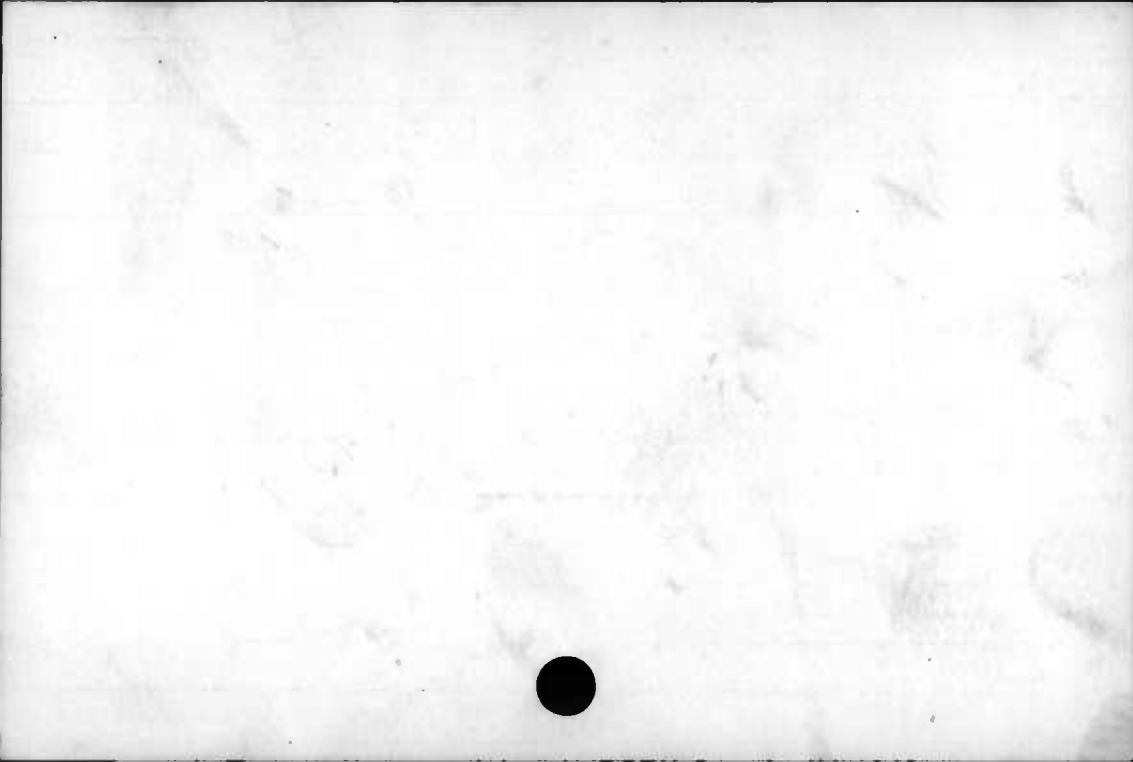
120

PHYSICIAN
OR CORONER

Primary	<i>Staphylococcus + Arterio. Sclerosis</i>	How long	<i>Can't say</i>
Immediate	<i>Heart Failure</i>	How long	<i>short</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>E. E. Wolff</i>
		Address	<i>Cambridge Ind.</i>
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Home</i>		County <i>Dev</i>		MARYLAND
	Date of death 190 <i>8</i>	Month <i>3</i>	Day <i>21</i>	Age <i>21</i>	Months <i>✓</i> Days <i>21</i>
	Sex <i>female</i>	Color or Race <i>Caucasian</i>	Birth-place <i>Dev Co</i>		
	Married, Single or Widowed <i>single</i>		Occupation <i>none</i>		
	Name of Wife or Husband <i>none</i>				
	Father's Name <i>John Stone</i>		Father's Birthplace <i>Dev Co</i>		
	Mother's Maiden Name <i>Addie Mustin</i>		Mother's Birthplace <i>Dev Co</i>		
Name of person giving information <i>John Stone</i>		How related to deceased <i>father</i>			
<div style="text-align: center;">CAUSES OF DEATH</div>					
PHYSICIAN OR CORONER	Primary <i>unrecorded</i>		How long <i>179</i>		
	Immediate <i>unrecorded</i>		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. Rogers Myers</i>		
			Address		
Accident or Suicide?					



Name in Full		Town				County		CERTIFICATE OF DEATH			
Henry R. Langral		Cambridge		Dorchester				MARYLAND			
Died at		Date of death		Month		Day		Age		Years	
1908		Mar.		17		3		1		Months	
Sex		Male		Color or Race		White		Birth-place		Maryland	
Occupation		None		Where Residing if not at place of death		Cambridge Md					
Married, Single or Widowed		Single		Name of Wife or Husband							
Father's Name		Henry W. Langral		Father's Birthplace		Maryland					
Mother's Maiden Name		Olivia A. Mills		Mother's Birthplace		Unknown					
Name of person giving information		Henry W. Langral		How related to deceased		Father					
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH				19					
		Primary Pneumonia - Mumps				How long 2 1/2 weeks - 4 days					
PHYSICIAN OR CORONER		Immediate Heart Failure				How long short					
		Are the name, age, sex, color, date and place correctly given above? yes				Signature of Physician E. E. Welf					
						Address Cambridge, Md					
		Accident or Suicide?									

(11)

Name
in
Full

CERTIFICATE OF DEATH

Died at *Wilton* Town*Dorchester* County

MARYLAND

Date
of death *1908*Month *Mar*Day *15th*

Age

Years *34*Months *7*Days *13*

Sex

*Male*Color or
Race*Col.*Birth-
place*Dor. Co. Md.*

Occupation

*Coal Miner*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Gay Brown*Father's
Name*George W. Lee*Father's
Birthplace*Dor. Co. Md.*Mother's
Maiden Name*Annie W. Seamon*Mother's
Birthplace*Dor. Co. Md.*Name of person giving
information*George W. Lee*How related
to deceased*Father*

CAUSES OF DEATH

112

Primary

Subacute Hepatitis

How long?

Three weeks

Immediate

Pulmonary Congestion

How long?

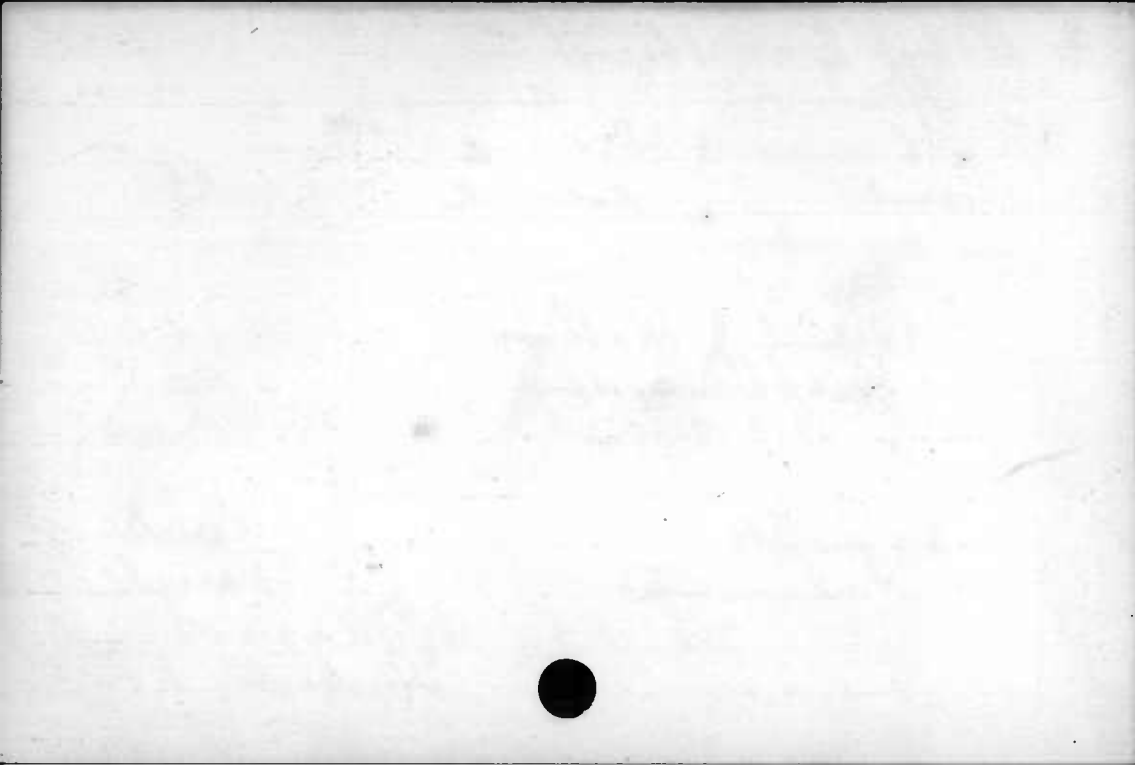
*Five days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Victor L. Carroll*

Address

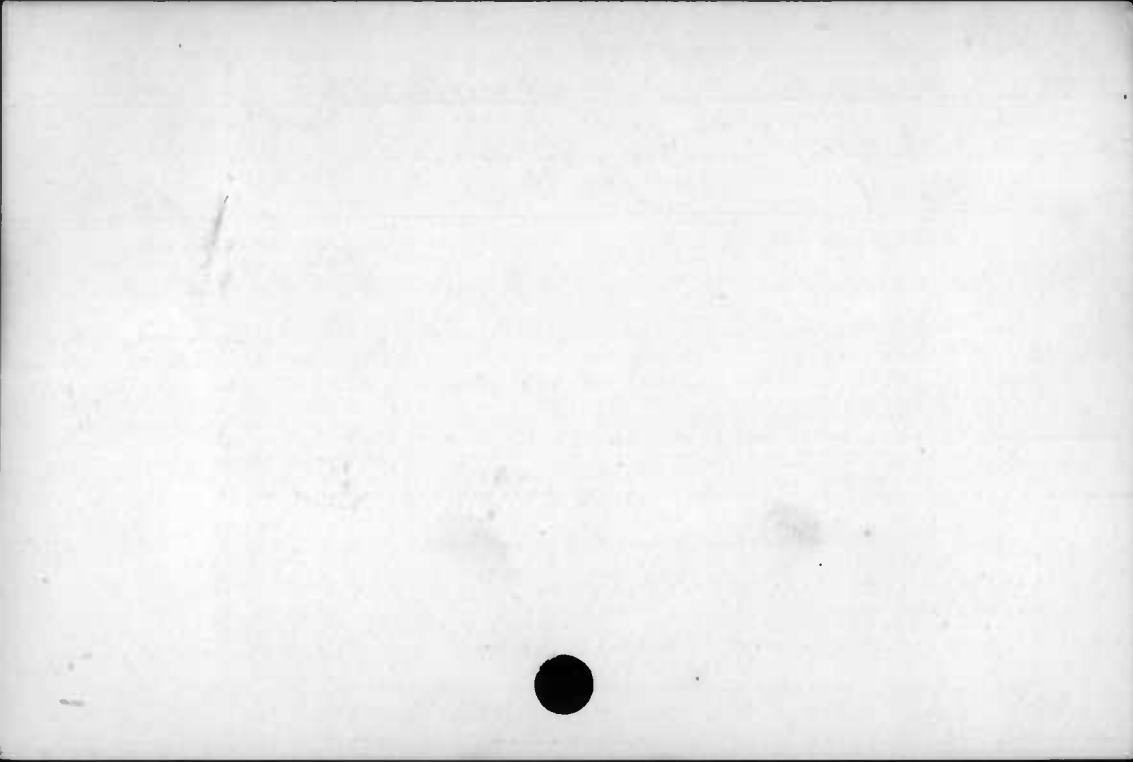
Cambridge Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name In Full		Gibby L. Matthews				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Hurlock</u> Town		<u>Horchester</u> County		MARYLAND	
		Date of death <u>1906</u> Month <u>March</u> Day <u>20th</u>		Age <u>2</u> Years		Months <u>—</u>	Days <u>—</u>
		Sex <u>male</u>		Color or Race <u>colored</u>		Birth-place <u>md</u>	
		Occupation <u>Infant</u>		Where Residing if not at place of death <u>—</u>			
		Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
PHYSICIAN OR CORONER		Father's Name <u>Daniel J. Matthews</u>		Father's Birthplace <u>md</u>			
		Mother's Maiden Name <u>Josephine Kelley</u>		Mother's Birthplace <u>md</u>			
		Name of person giving information <u>D. J. Matthews</u>		How related to deceased <u>Father</u>			
		CAUSES OF DEATH				(10)	
PHYSICIAN OR CORONER		Primary <u>La Grippe</u>		How long <u>3 weeks</u>			
		Immediate <u>Pneumonia</u>		How long <u>1 week</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>C. J. Maguire</u>			
				Address <u>Hurlock md</u>			
		Accident or Suicide?					



Name
in
Full

Keller Messick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

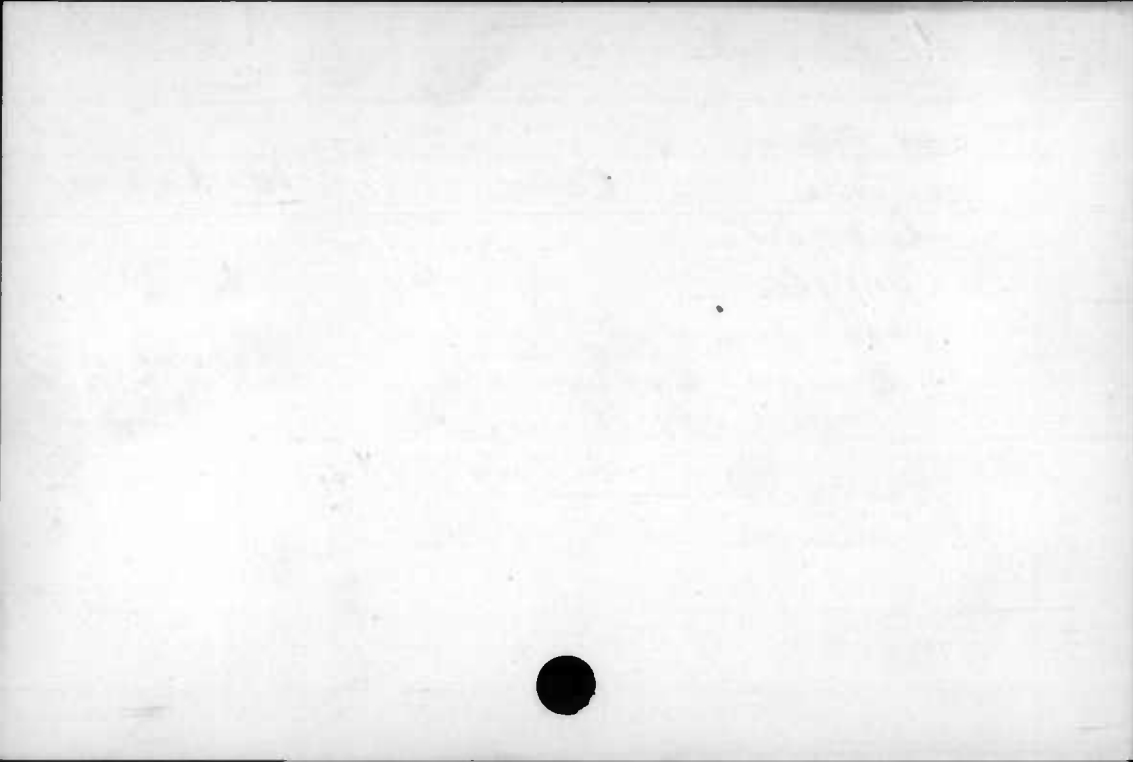
Died at <u>Cambridge</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death	<u>1908</u>	Month	<u>March</u>	Day	<u>15</u>
Age		<u>60</u>	Years	Months	Days
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Maryland</u>
Occupation	<u>House Wife</u>		Where Residing if not at place of death <u>Cambridge</u>		
Married, Single or Widowed	<u>Widowed</u>	Name of Wife or Husband <u>John A. Messick</u>			
Father's Name	<u>Johnson, Mess Tyler</u>			Father's Birthplace	<u>MD</u>
Mother's Maiden Name	<u>Keller Tyler</u>			Mother's Birthplace	<u>MD</u>
Name of person giving information	<u>Rebecca J. Messick</u>			How related to deceased	<u>Son</u>

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary	<u>Coronary of Intestines</u>	How long	<u>Can't say</u>
Immediate	<u>Peritonitis following operation</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Wm. Stull</u>	
		Address <u>Cambridge Md.</u>	
Accident or Suicide?			



Name
in
Full

Bertie Nichols

CERTIFICATE OF DEATH

Died at ^{Town} Church Creek ^{County} Dorchester

MARYLAND

Date of death 1908 ^{Month} Mar ^{Day} 9th ^{Age} 17 ^{Years} ^{Months} — ^{Days} 6Sex Female ^{Color or Race} Col. ^{Birth-place} Dor. Co. Md.Occupation Cook ^{Where Residing if not at place of death} —Married, Single or Widowed Single ^{Name of Wife or Husband} Single

Father's Name Illegitimate

Father's Birthplace —

Mother's Maiden Name Eliza E. Nichols

Mother's Birthplace Dor. Co. Md.

Name of person giving information Peter H. Nichols

How related to deceased Uncle to

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis ^{How long} about eight monthsImmediate Hemorrhage ^{How long} two hoursAre the name, age, sex, color, date and place correctly given above? *YE*

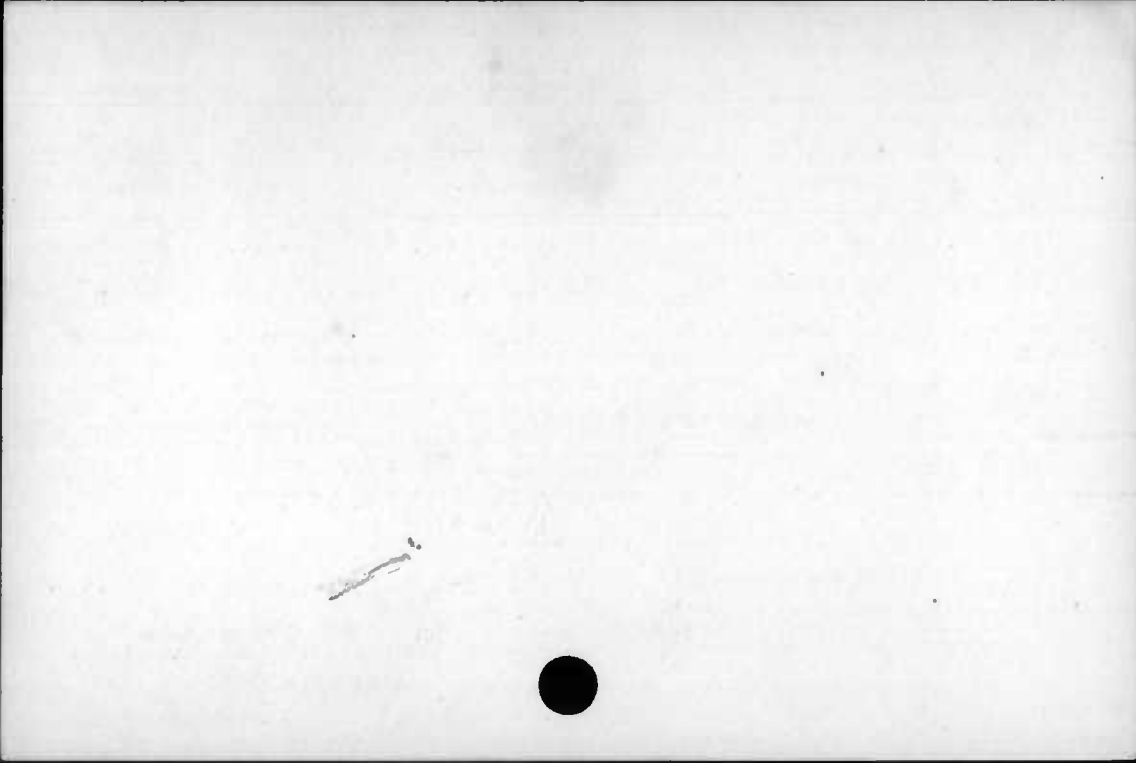
Signature of Physician

Address

H. Harroll
Cambridge Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Margaret Owens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

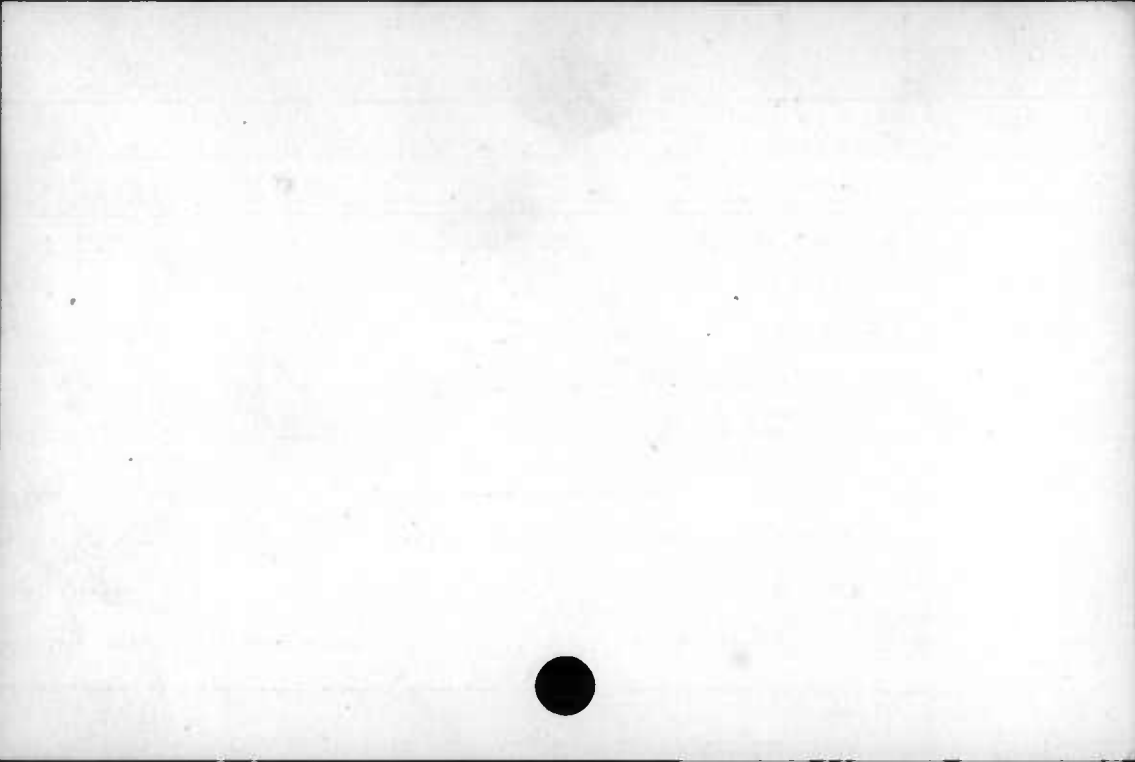
Died at <i>Bloomview</i>		Town		County <i>Dor</i>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>3</i>	Day <i>3</i>	Age <i>70</i>	Years	Months	Days	
Sex <i>female</i>	Color or Race <i>white</i>		Birthplace <i>Dor Co</i>				
Married, Single or Widowed <i>single</i>			Occupation <i>Housekeeper</i>				
Name of Wife or Husband <i>none</i>							
Father's Name <i>M. L. Owens</i>				Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>Banner</i>				Mother's Birthplace <i>Dor Co</i>			
Name of person giving information <i>Thor Coleman</i>				How related to deceased <i>Son in law</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>1 week</i>
Immediate <i>the same</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Rogers</i>
	Address <i>Heard</i>
Accident or Suicide?	<i>no</i>



Name
in
Full

Lillian A Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

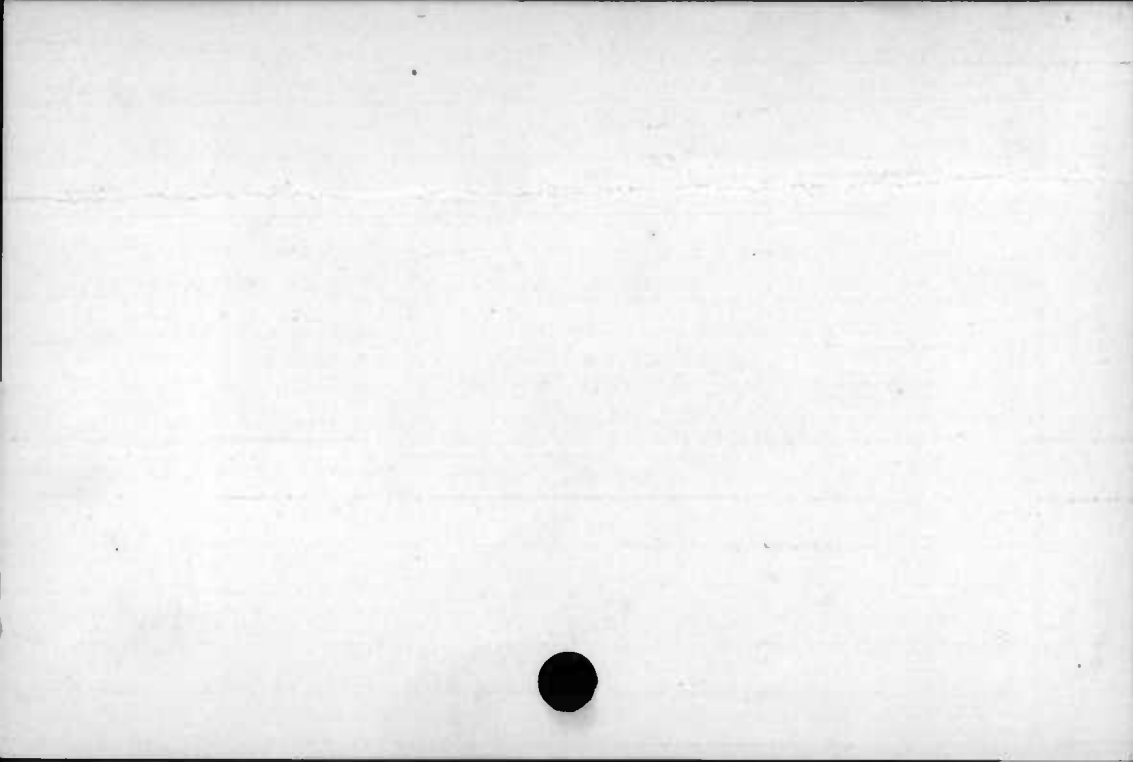
Died at <u>Salem</u> ^{Town}		<u>Barclater</u> ^{County}		MARYLAND	
Date of death	<u>1908</u>	Month	<u>March</u>	Day	<u>21st</u>
Age		<u>50</u>		Months	<u>—</u>
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Maryland</u>
Occupation		<u>Housewife</u>			
Where Residing if not at place of death					
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband <u>George S Parker</u>			
Father's Name	<u>Robert Sampson</u>	Father's Birthplace		<u>Maryland</u>	
Mother's Maiden Name	<u>Lillian A. Sampson</u>	Mother's Birthplace		<u>Maryland</u>	
Name of person giving information	<u>George S Parker</u>	How related to deceased		<u>Husband</u>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<u>Heart disease</u>	How long	<u>unknown</u>
Immediate	<u>Heart failure</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>D. H. Black</u>	
		Address	
		<u>Breuna Rd</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

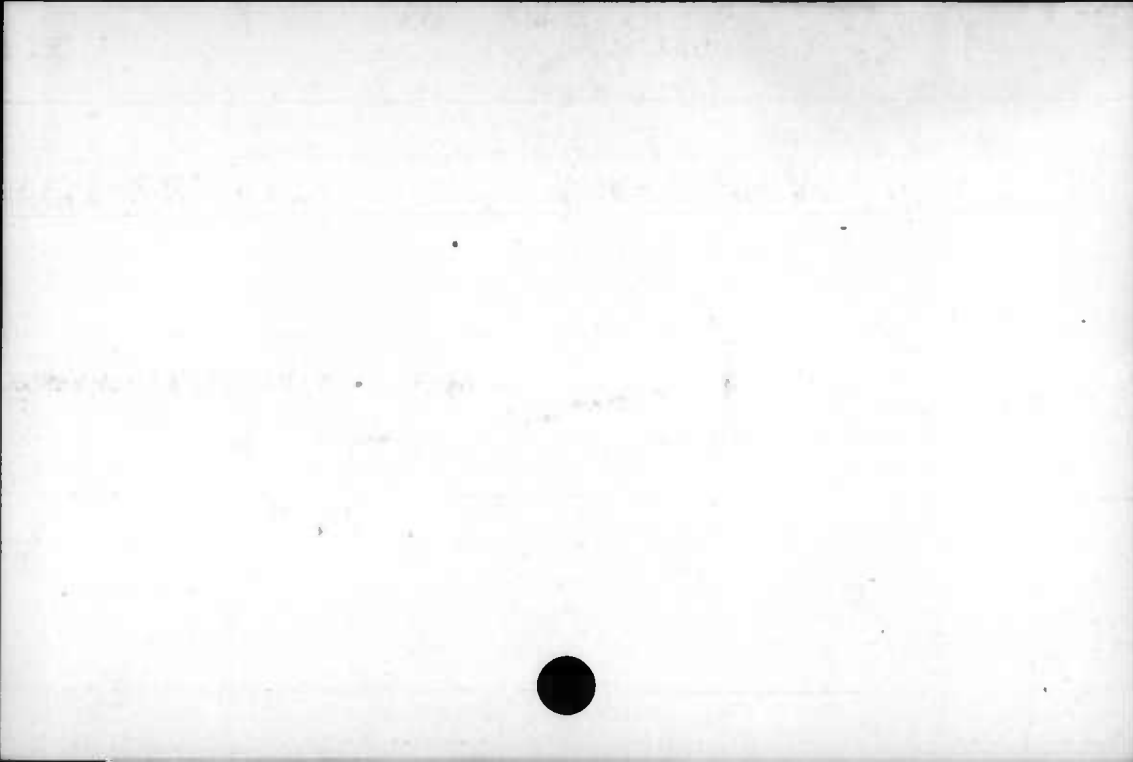
Died at <i>Williamstown</i>		Town		County		MARYLAND	
Date of death 190 <i>8</i>	Month <i>3</i>	Day <i>9</i>	Age <i>60</i>	Years <i>50</i>	Months <i>6</i>	Days <i>19</i>	
Sex <i>male</i>		Color of Race <i>white</i>		Birth-place <i>Caroline Co Md</i>			
Married, Single or Widowed			Occupation <i>Laborer</i>				
Name of Wife or Husband							
Father's Name <i>Samuel Poole</i>				Father's Birthplace <i>Caroline Co</i>			
Mother's Maiden Name <i>Brittonia Lowmood</i>				Mother's Birthplace <i>Caroline Co</i>			
Name of person giving information <i>J J Frompton</i>				How related to deceased <i>not at all</i>			

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <i>unknown</i>	How long <i>✓</i>
Immediate <i>drunk</i>	How long <i>✓ - days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. Royce Myers</i>
	Address <i>Newman Dots Md</i>
Accident or Suicide?	



Name in Full <i>Mary Ann Robinson</i>		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Church Creek</i>		County <i>Dorchester</i>		MARYLAND
	Date of death <i>1908</i>	Month <i>March</i>	Day <i>20</i>	Age <i>91</i>	Years —
	Sex <i>Female</i>	Color or Race <i>Col.</i>		Birth-place <i>Dorchester Co. Md.</i>	
	Occupation <i>House wife</i>		Where Residing if not at place of death		
	Married, Single or Widowed	Name of Wife or Husband <i>Camper Robert Robinson</i>			
	Father's Name <i>Camper</i>	Father's Birthplace <i>Dor Co</i>			
	Mother's Maiden Name <i>Brittania Camper</i>	Mother's Birthplace <i>Dor Co</i>			
Name of person giving information <i>Mary Ross</i>		How related to deceased <i>Daughter</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Myocardial Regeneration</i>		How long <i>Five or six years</i>		
	Immediate <i>Acute Congestion of Lungs</i>		How long <i>Six hours</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Victor J. Carroll</i>		
			Address <i>Cambridge, Md.</i>		
	Accident or Suicide?				

1817

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mildred E Robinson</i>		Town <i>Petersburg</i>		County <i>DO</i>		MARYLAND		
Died at		Date of death 190 <i>8</i>		Month <i>3</i>	Day <i>15</i>	Age Years <i>2</i>	Months <i>10</i>	Days <i>18</i>
Sex <i>female</i>		Color or Race <i>black</i>		Birth-place <i>DO CO</i>				
Married, Single or Widowed				Occupation <i>none</i>				
Name of Wife or Husband <i>none</i>								
Father's Name <i>Willie Thompson</i>				Father's Birthplace <i>DO CO</i>				
Mother's Maiden Name <i>Nettie Robinson</i>				Mother's Birthplace <i>DO CO</i>				
Name of person giving information <i>Nettie Robinson</i>				How related to deceased <i>mother</i>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long
Immediate <i>the same</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. Myers</i>
	Address <i>Newbern NC</i>
Accident or Suicide?	



Name
in
Full

Thomas Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

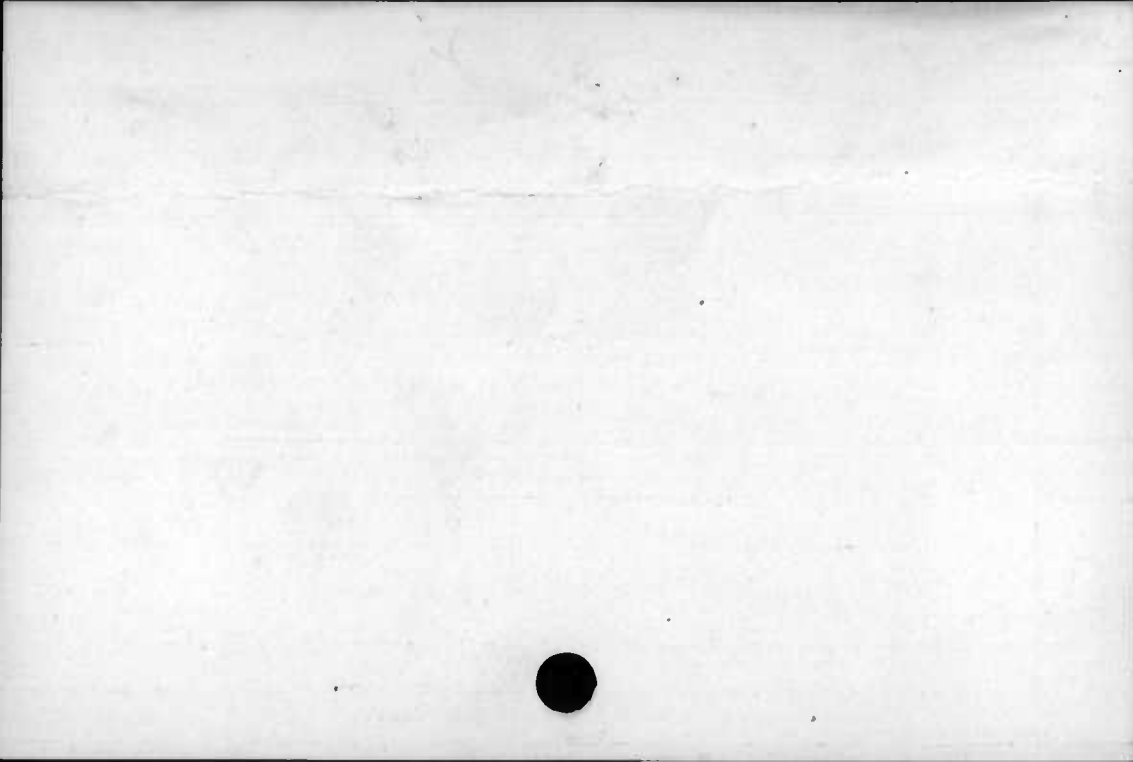
Died at <u>Vienna</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death	1908	Month	March	Day	23
Age	25	Years		Months	
Sex	Male	Color or Race	Colored	Birth-place	Maryland
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	John Robinson			Father's Birthplace	Maryland
Mother's Maiden Name	Henretta Fisher			Mother's Birthplace	Maryland
Name of person giving information	John Robinson			How related to deceased	Father

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	5 months
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. H. Blend	
		Address	
		Vienna Md	
Accident or Suicide?			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at

Julia A Seward
Hudson^{Town} Dorchester^{County}

Date

of death

1908

Month

Mar

Day

7

Age

Years

81

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

James, Md

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

widow

Name of Wife or
Husband

Wm E Seward

Father's
Name

Thomas Seward

Father's
Birthplace

Md

Mother's
Maiden Name

Julia Harris

Mother's
Birthplace

Md

Name of person giving
information

J. W Seward

How related
to deceased

Son

CAUSES OF DEATH

79

Primary

Valvular heart disease

How long

unknown

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

S A Stokes M D

Address

R 765 Cambridge

Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

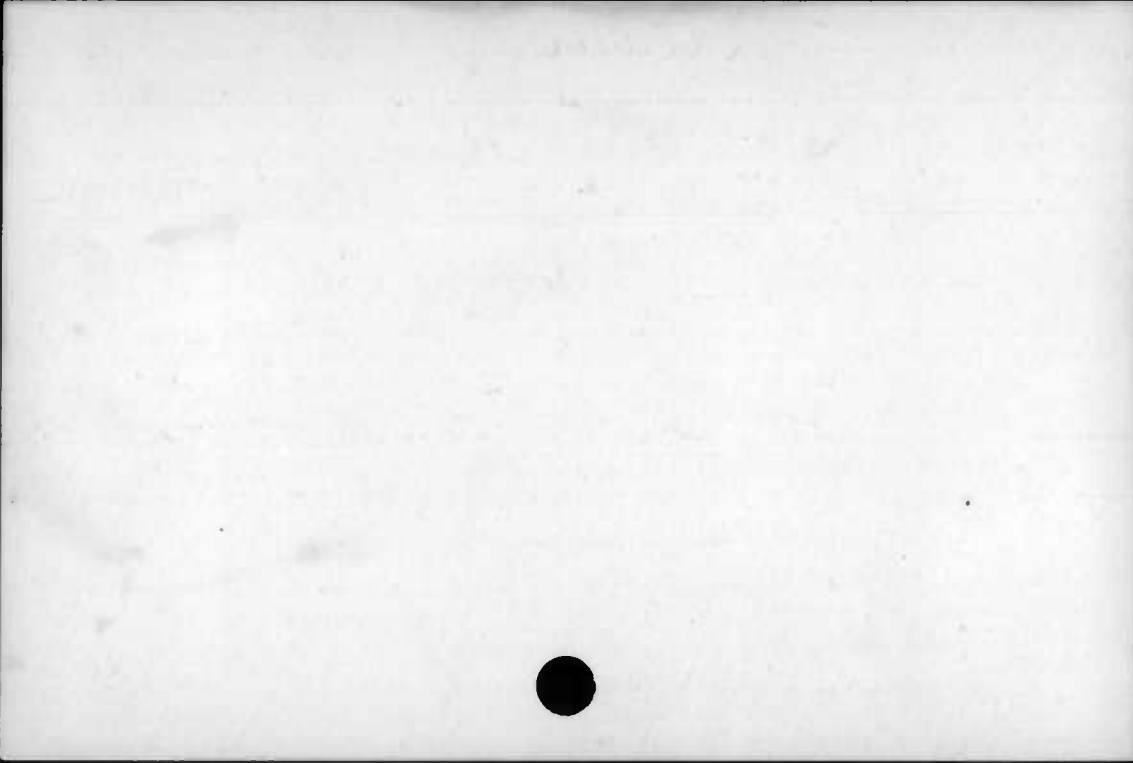
Name <i>Annie Stedman</i>		Town <i>East New Market</i>		County <i>Dorchester</i>		State <i>MARYLAND</i>	
Died at		Date of death <i>1908</i>		Month <i>3</i>		Day <i>23</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>70</i>		Years <i>70</i>	
Occupation <i>House Wife</i>		Where Residing if not at place of death		Birth-place <i>England</i>		Months <i>—</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mrs Steadman</i>		Father's Name <i>Richard Lebout</i>		Father's Birthplace <i>England</i>	
Mother's Maiden Name <i>Mary Campamy</i>		Name of person giving information <i>Mrs Steadman</i>		Mother's Birthplace <i>P. I.</i>		How related to deceased <i>Husband</i>	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Asthma</i>	How long	<i>Five weeks</i>
Immediate	<i>Heart Failure</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. F. Nicols M.D.</i>	
		Address <i>E. N. Market, Md.</i>	
Accident or Suicide?			



Name
in
Full

Elizabeth A Stevens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

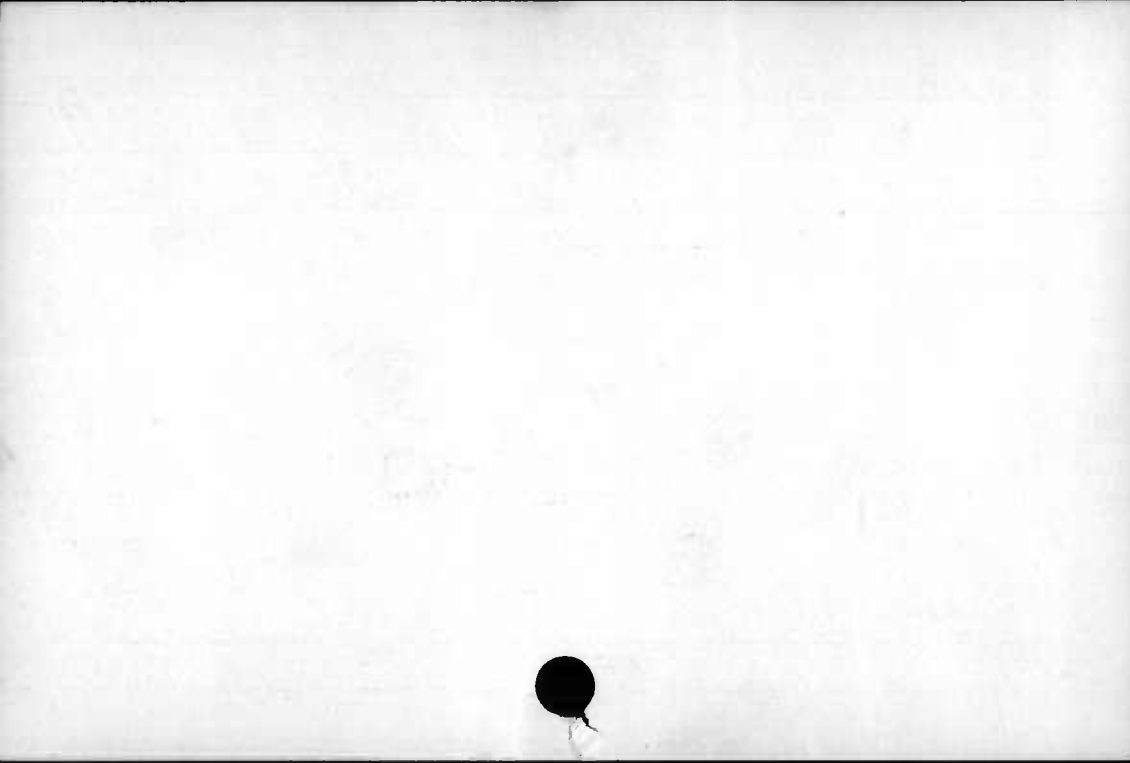
Died at <i>Hurlock</i>		Town		County <i>Dev</i>		MARYLAND	
Date of death 190	<i>8</i>	Month <i>3</i>	Day <i>22</i>	Age <i>76</i>	Years	Months <i>8</i>	Days <i>1</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth- place <i>Caroline Co</i>				
Married, Single or Widowed				Occupation <i>none</i>			
Name of Wife or Husband <i>Wm A Stevens</i>							
Father's Name <i>Thos Coomins</i>				Father's Birthplace <i>Caroline Co</i>			
Mother's Maiden Name <i>Mother Shivers</i>				Mother's Birthplace <i>Caroline Co</i>			
Name of person giving In formation <i>A J Stevens</i>				How related to deceased <i>son</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>cardiac asthma</i>	How long	
Immediate	<i>the same</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E Roger Myers</i>	
		Address <i>Hurlock Md</i>	
Accident or Suicide?			



Name
in
Full

William Stoker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

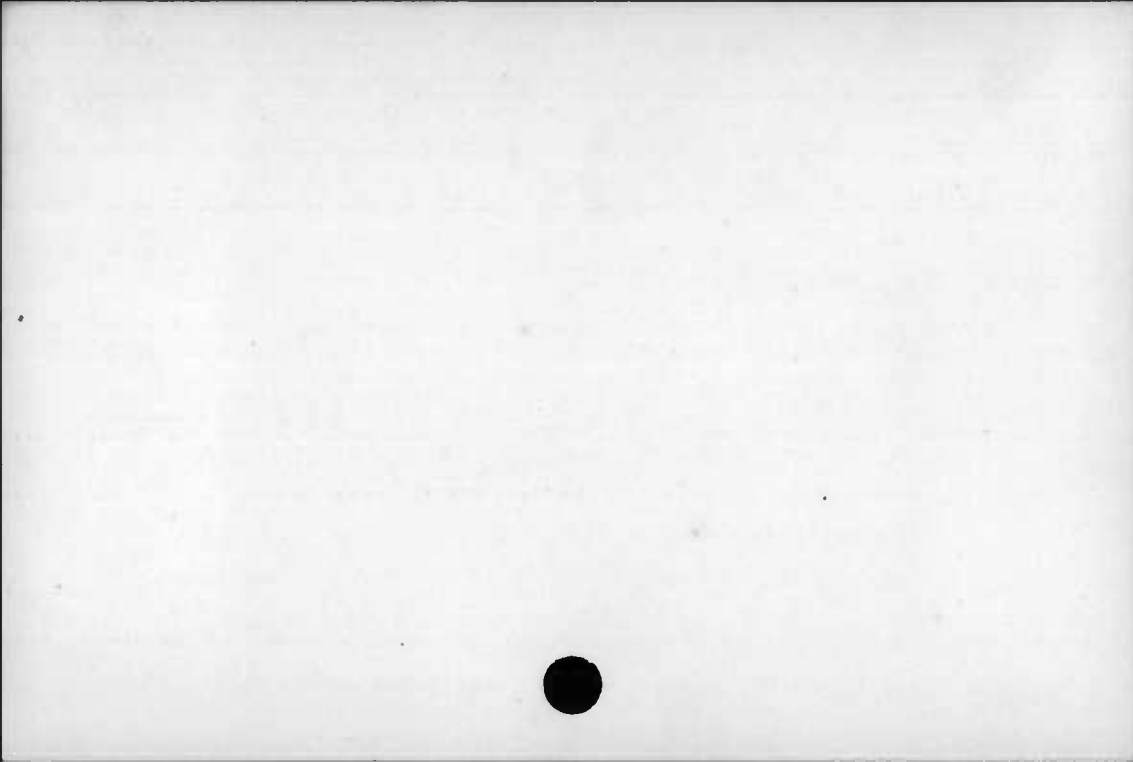
Died at <u>Secretary</u> Town		<u>Dor</u> County		MARYLAND	
Date of death	<u>1908</u>	Month <u>3</u>	Day <u>20</u>	Age <u>88</u>	Years <u>88</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Dor. Co.</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>Son in Law's Secretary</u>		
Married, Single <u>or Widowed</u>		Name of Wife or Husband <u>Mary Stoker</u>			
Father's Name <u>Stoker</u>		Father's Birthplace <u>don't know</u>			
Mother's Maiden Name <u>don't know</u>		Mother's Birthplace <u>don't know</u>			
Name of person giving information <u>John Bradley</u>		How related to deceased <u>none</u>			

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary <u>General Debility</u>	How long <u>don't know</u>
Immediate <u>Froct thigh</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Edward L Jones</u>
	Address <u>E. N. Market Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>March</i>	Day <i>25</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Child</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>James C. Travers</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Ida M. Dunn</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>James C. Travers</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Accouchement Force</i>	How long <i>10 minutes</i>
Immediate <i>Asphyxia</i>	How long <i>Can't say</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Wolff</i>
	Address <i>Cambridge, Ind</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Applegarth</i> ^{Town} <i>Dorchester</i> ^{County}		MARYLAND	
Date of death 1908	Month <i>March</i>	Day <i>28</i>	Age <i>32</i> ^{Years} <i>4</i> ^{Months} <i>2</i> ^{Days}
Sex <i>female</i>	Color or Race <i>White</i>	Birth-place <i>Applegarth Ind</i>	
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Applegarth Ind</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Turner</i>		
Father's Name <i>William T. Ruark</i>	Father's Birthplace <i>Dorchester Co Ind</i>		
Mother's Maiden Name <i>Elizabeth Ruark</i>	Mother's Birthplace <i>Harpers Isle</i>		
Name of person giving information <i>William H Simmons</i>	How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

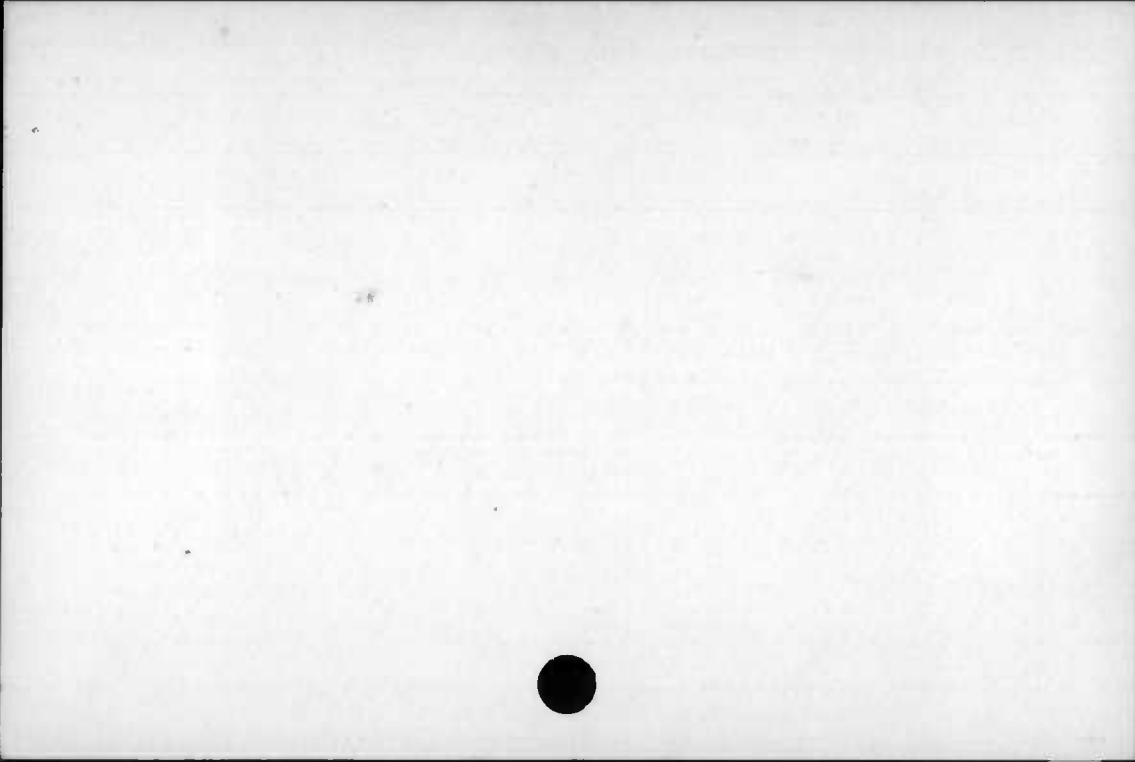
27

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>3 years</i>
Immediate <i>"</i>	How long <i>6 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Lawrence D. Ashurst, M.D.</i>
	Address <i>Harpersville Ind</i>
Accident or Suicide?	



Name in Full		John T. Wheatley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Eldorado		Dorchester		MARYLAND	
		Date of death		Month		Day	
		1908		March		9th	
		Age		Years		Months	
Sex		Male		Color or Race		White	
Birth-place		Md.		Occupation		Farmer	
Where Residing if not at place of death				Married, Single or Widowed		Married	
Name of Wife or Husband		Celia A. Wheatley		Father's Name		J. M. A. Wheatley	
Mother's Maiden Name		Harris		Father's Birthplace		Md.	
Name of person giving information		B. W. W. Wheatley		Mother's Birthplace		Md.	
How related to deceased		Son		CAUSES OF DEATH		27	
PHYSICIAN OR CORONER		Primary		Phthisis		How long	
		Immediate		Pulmonary		How long	
		Are the name, age, sex, color, date and place correctly given above?		yes		12 months	
		Signature of Physician		G. A. Maguire		11 weeks	
		Address		Hurdock			
Accident or Suicide?							



Name
in
Full

Mary Jane Miller

CERTIFICATE OF DEATH

MARYLAND

Died at *Neel Eldorado* Town

County

Date

of death *1908*

Month

March

Day

14

Age

Years

71

Months

Days

Sex

*Female*Color or
Race*White*Birth-
place*Dorchester*

Occupation

*Housewife*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband*James Miller*Father's
Name*David Anderson*Father's
Birthplace*Dor Lee*Mother's
Maiden Name*un known*Mother's
Birthplace*" "*Name of person giving
In formation*Joseph Miller*How related
to deceased*Bro in Law*

CAUSES OF DEATH

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Primary

How long

3 Years

Immediate

Consumption

How long

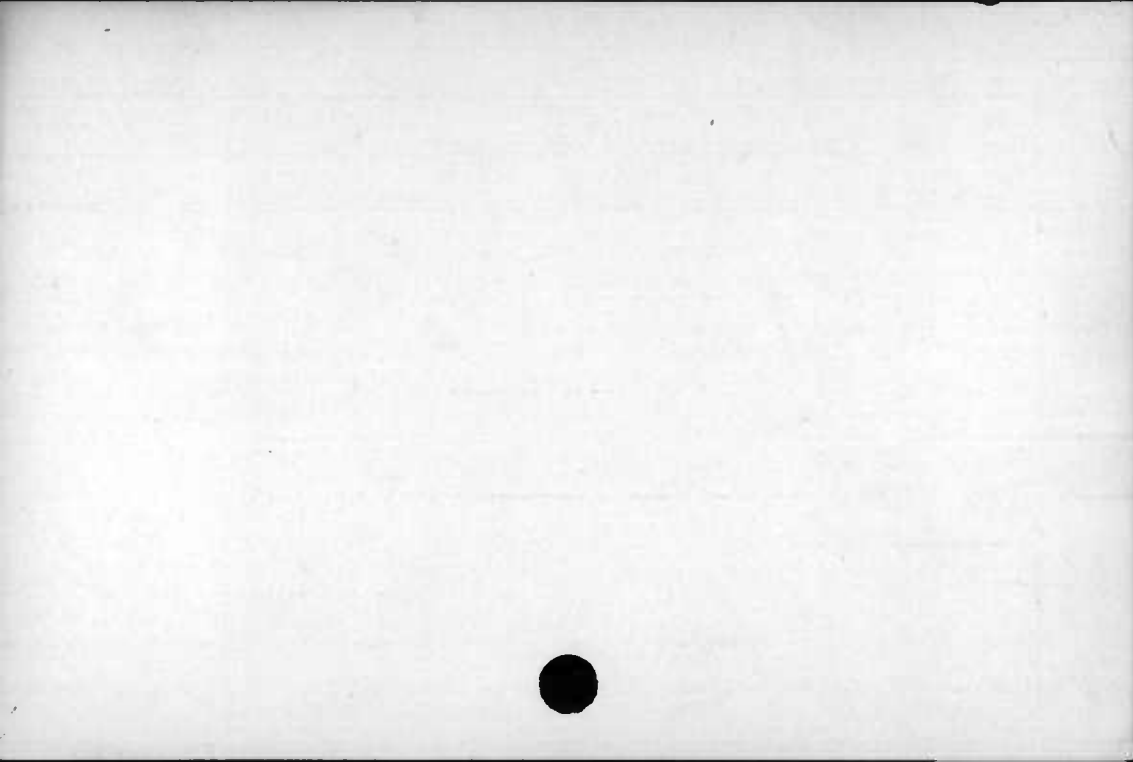
*11*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*None in attendance*

Address

Joseph Miller

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

H m R Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wrights</u> Town		<u>bochester</u> County		MARYLAND	
Date of death	1908	Month	Mar	Day	29
Sex	Male	Color or Race	white	Age	53
Occupation	Farmer		Birth-place	Wrights Ind	
Married, Single or Widowed	Married		Name of Wife or Husband	Annie Wright	
Father's Name	Henry Wright		Father's Birthplace	Ind	
Mother's Maiden Name	Mary E Wright		Mother's Birthplace	Ind	
Name of person giving information	Robt. H. Matheus		How related to deceased	none	

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary	Tuberculosis of lungs.	How long	15 yrs.
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	S. A. Stokes.
		Address	Cambridge
			R 76 — Ind
Accident or Suicide?	—		

